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ABSTRACT

The project staff for "Teaching Parents to Be the Primary Sexuality Educators of Their Children" designed and implemented a curriculum for use with diverse parent groups and evaluated the impact of the course. This report on the results of the evaluation includes: (1) a review of studies of the content and impact of parent-child communication about sexuality and the impact of sexuality education for parents; (2) an analysis of such programs for parents around the country; (3) procedures and findings of a needs assessment asking parents and experts what should be covered in a course; (4) an explanation of procedures and rationale for developing the model curricula; (5) a discussion of the evaluation instruments and procedures; (6) results of the evaluation of the program's success, specifically the program's impact on parents' knowledge, attitudes, and communication behavior; and (7) a summary of the results and recommendations for future program evaluation and research. A review of major theories on child development is appended. (JD)

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Final Report

TEACHING PARENTS TO BE THE PRIMARY
SEXUALITY EDUCATORS OF THEIR CHILDREN

Volume I
Impact of Programs

For the:

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
Center for Health Promotion and Education
Atlanta, Georgia 30333

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The major goal of this project was to develop a model curriculum for parent sexuality education and assess the impact of that curriculum on parents' knowledge, attitudes, and skills. To reach this goal we needed to perform a number of tasks, drawing on the expertise of various individuals when appropriate. This volume of the final report represents the collaborative effort of the staff of Mathtech, Inc. and numerous consultants.

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Walter J. Gunn, Ph.D., Director, Research and Evaluation Activity Center for Health Promotion and Education, Centers for Disease Control, Atlanta, Georgia, -- in collaboration with Carol D'Onofrio, Dr.PH, School of Public Health, University of California, Berkeley, California -- originally conceived the need for government involvement. Dr. Gunn developed the approach, initiated the contract, monitored progress, and provided technical assistance, guidance, and support.

INTRODUCTION

Our society has increasingly recognized that children's -- especially adolescents' -- sexual behavior can result in social, psychological, and physical problems. Society is especially concerned with the consequences of unplanned pregnancies and venereal disease among young people and has attempted to address these problems in a variety of ways.

Ultimately, the greatest influence on a child's developing sexuality and future behavior is the family -- in particular, the parents. Parents recognize their influence and believe that they should be the primary sexuality educators of their children. However, they also recognize their limitations and have expressed a need for assistance in educating their children about sexuality.

Responding to these concerns, the Centers for Disease Control awarded a contract to Mathtech, Inc. to develop, implement, and evaluate a model program to help parents in their role as primary sexuality educators of their children. In this study we:

- Identified and reviewed such programs all over the country (Volume V: National Catalog of Programs-1981);
- Developed model curricula, one for use with parents (Volume III), another for use with parents taking a course with their adolescent children (Volume IV); and
- Developed criteria for establishing community support, training teachers, and designing, implementing, and evaluating programs based on the curricula (Volume II).

The present volume provides the results of the evaluation and is intended for researchers, public policy makers, mental health professionals, educators offering programs, and other individuals interested in developmental theory and research results. It includes:

- A review of studies 1) of the content and impact of parent-child communication about sexuality and 2) of the impact of sexuality education for parents;
- An analysis of such programs for parents around the country;
- The procedures and findings of our needs assessment asking parents and experts what should be covered in a course;
- An explanation of our procedures and rationale for developing the model curricula;
- A review of site selection, program participants, and implementation;
- A discussion of the evaluation instruments and procedures;

- The results of the evaluation of the success of the programs, specifically the programs' impact on parents' knowledge, attitudes, and communication behavior; and
- A summary of the results and recommendations for future program evaluation and research.

While the research was exploratory in a number of ways, many of the results were significant. The programs were able to recruit urban, suburban, and rural parents of children in every age group; parents from White, Black, and Hispanic origins with the whole spectrum of religious and political points of view. In spite of this diversity of site and implementation, the results are clear: programs based on the model curricula did help parents become adequate sexuality educators of their children.

Chapter 1

REVIEW OF PREVIOUS LITERATURE

Parents tell researchers they are not comfortable with their knowledge; they are not sure what they believe or how to convey what they believe to their children; and they want help. This chapter describes the recent research on family communication about sexuality, parents' need for assistance, and the impact of programs for parents.

Parent/Child Communication About Sexuality

What and how often are parents and their children communicating to each other about sexuality? What are they ignoring? How do they feel about talking with each other about sexuality? What inhibits open communication? How does communication differ among families with different racial or ethnic backgrounds, families with different-aged children, and families with different values?

The research conducted to ascertain the content of parent/child communication about sexuality has relied on survey methods. While this research provides useful information, it lacks direct observations of parent/child communication and it relies on respondents' ability to recall the past. Roberts, et al. (1978) pointed out the problem of assuming that the most important aspect of learning is through direct verbal instruction. Such an assumption ignores the impact of nonverbal communication such as body postures and facial expression and the extent to which children learn through observation and imitation. Parents convey many other messages than those spoken to their children. Nevertheless, the survey research can provide information about obvious behavior patterns and intentions.

What and how often are parents and their children communicating to each other about sexuality? What are they ignoring? In extensive interviews with 1400 Cleveland parents of children 3-11 years old, Roberts et al. (1978) found that many parents want to convey more flexible values to their children but often model traditional ones. For example, while many of the parents interviewed believe that women need not carry the responsibility for raising children and caring for the house, women do assume these responsibilities in most homes whether they are working or not.

Further, Roberts and her colleagues explored the topics parents want to discuss and the topics they do in fact discuss. While parents reported that it is important to discuss sexual activity and the consequences of such activity before their children reach adolescence, few had taken steps to begin these discussions. Of the Cleveland parents interviewed:

- 85-95% never mentioned any aspect of erotic behavior or its social consequences;
- 40% discussed nudity, the majority conveying negative messages;

- Less than 1% of mothers and 2% of fathers discussed wet dreams;
- 5% of fathers discussed menstruation;
- Almost 40% of the 9-11 year old girls had never discussed menstruation with either parent; and
- Most parents felt one conversation about sexuality during a child's development was sufficient.

Thornburg (1981) surveyed 1152 students to find out where children gained their first sex information and learned 1) that peers provide most sex information and 2) that children's reliance on one another for sex information increases with age. Children's second greatest source of sex information is literature. Students reported that mothers are most likely to provide information on conception and menstruation, but very little on ejaculation, homosexuality, masturbation, contraception, petting, prostitution, seminal emissions, or venereal disease. Students reported fathers providing 4.3% or less of their first sex information on any surveyed topic.

A survey of 43 students from a Baptist university in the Southwest yields similar results. Again, peers and literature were reported to be the first and second sources of sex information. Mothers discuss menarche, puberty, and reproduction and discuss sex more frequently than do fathers (McCary, 1978).

Bloch (1978) interviewed 124 mothers to determine how much they had informed their 11 to 14-year-old daughters about menstruation, the father's role in reproduction, and birth control. Even though over one third of the girls had passed menarche, 20% of the mothers had not discussed menstruation and an additional 16% had explained only hygiene issues. Only 4% provided detailed information about the physiology of menstruation and its relationship to pregnancy. About 50% of the mothers had discussed the father's role in reproduction. However, only 11.7% had discussed sexual intercourse, and only 5% had discussed feelings related to sexual intercourse. The majority of mothers had never even mentioned that there are ways to prevent pregnancy. About 10% had had conversations about contraception that included the concept of preventing pregnancy, the birth control pill, and one other method of contraception.

In a 1979 review of the literature dating as far back as 1915, Bennett and Dickinson (1980) found that young people rarely receive their first or most important sex education from their parents. Their own study substantiated these conclusions.

Koblinsky and Atkinson (1982) surveyed parents of preschoolers about their plans for educating their children about sexuality, that is, which topics parents would introduce, when they would introduce them, and how comfortable they expect to be. The authors investigated sex of parents and children as intervening variables. Subjects were White, middle to upper-middle class mothers and fathers (70) of preschoolers. This research is unique in two ways: 1) it asked parents what they anticipate discussing rather than what they actually discuss; and 2) the results suggest parents will discuss a greater range of sexual topics more often than any other sample reviewed in this report. The number of fathers planning to discuss sexuality was staggeringly high. Parents in this study who planned to discuss sexuality with their children anticipated that some of these discussions (body differences, birth, obscene words, reproduction, and masturbation) would begin when their children are younger than 6 years old.

The results of this study are intriguing but difficult to interpret. The authors point out that the respondents were liberal parents reporting plans for discussions rather than conversations that had already taken place. In addition, the research design and data analysis were not the most rigorous. Even considering these research limitations, the results cannot be ignored. We hope this study represents a trend toward more open and comprehensive conversations about sexuality taking place earlier in American families.

In sum, it appears that presently most young people receive their sex education from sources other than their parents (Fox, 1980). In homes where sexuality is discussed, the discussions tend to be infrequent and about menstruation and the biological aspects of reproduction. Most fathers rarely discuss any aspect of sexuality with their children. However, tentative results suggest that this may change for young children growing up today.

How do family members feel about discussing sexuality with one another? In a General Mills study (1977) two out of three parents reported great difficulty discussing drugs, death, sex, and other sensitive topics with their children of any age. Adolescents reported wanting to have more open communication with their parents about sensitive topics (Bennett and Dickinson, 1980; General Mills, 1979) and felt that it was the responsibility of both parents to discuss health care with their children. Most adolescents agreed that parents should be their main source of contraception information; very few saw the schools as responsible. The General Mills studies suggest that while both parents and their children feel that they should be talking about sexuality with each other, parents are extremely uncomfortable doing so. Similarly, Bennett and Dickinson's review of the literature (1980) indicates that of all topics adolescents discuss with their parents, they are least comfortable discussing sexuality.

What inhibits open communication? A number of studies have searched for an explanation for so few parents and adolescents discussing sexuality with each other:

- According to Roberts et al. (1978), parents lack appropriate role models. Because they did not discuss sexuality with their parents, they cannot draw on past experiences when attempting to approach their own children.
- Parents perceive themselves (realistically or not) as being unable to provide adequate sexuality education either because they feel they don't know enough or because they don't know what to say (Bennett and Dickinson, 1980; Roberts et al., 1978).
- Parents feel uncomfortable discussing sexuality and, therefore, postpone it or avoid it entirely (Bennett and Dickinson, 1980; General Mills, 1977; Gordon et al., 1979).
- Parents experience a contradiction between new and old values; many are confused about what they believe and what they want to convey to their children (Roberts et al., 1978; General Mills, 1977).
- Some parents don't initiate discussions, feeling that if their children are interested, they will ask questions (Roberts et al., 1978).
- While some opponents to sexuality education claim that providing sexual information to children will lead to experimentation, parents do not cite this fear as a significant reason to avoid family communication about sex (Roberts et al., 1978).

How does communication differ, if at all, among mothers and fathers and different racial or ethnic groups? As stated earlier, there is a profound difference between mother/child and father/child communication; fathers discuss sexuality much less frequently than mothers do and many fathers are not even aware of conversations that do occur (Roberts et al., 1978). However, those fathers who were most involved in raising their children in general, were also more likely to be asked sexuality-related questions by their children. "If the child sees the father as more involved in the family, and if the wife sees the father as more active in sharing household tasks, the father, in fact, becomes more 'askable' to his children and his presence in family discussions is seen as more desirable by his wife" (Roberts et al., 1978).

Roberts et al. (1978) found some different patterns in Black families compared to other families. While Black mothers were more likely than Black fathers to initiate conversations about sexuality, there was no difference between the amount of mother/child communication and father/child communication. Black families were also more likely to discuss sexuality with brothers and sisters together while non-Black families were more likely to separate brothers and sisters (Roberts et al., 1978). Another study found middle-class White mothers the most likely to provide reading material about sexual topics and lower income Black mothers the most likely to discuss birth control with children (Fox, 1979).

Both Black and White mothers with more education were somewhat more likely to explain sexual intercourse than mothers with less education (Inazu and Fox, 1980). "Mothers who are Black, who do not have a high school diploma, who are not currently married to the daughter's father, and who are from lower-income families talk more often than do other mothers in the same sample" (Fox, 1979).

Family Communication and Adolescent Pregnancy

To the extent that parents and children do talk about sexuality, does that communication have any impact on the incidence of serious problems such as adolescent sexual behavior and adolescent pregnancy? The literature suggests that it does, although the support is weak.

Spanier (1977) surveyed 1,177 college students and reported that children who receive sex education from their parents are less likely to engage in premarital sex. However, the authors also suggest that the more autonomous the child, the more likely s/he is to seek information outside the family and to be sexually active. Since other research suggests that much of parent/child communication about sexuality is dependent on child initiation, the question remains whether the difference in sexual behavior is a function of the source of the child's information -- family vs. nonfamily -- or a function of personality traits -- autonomous vs. dependent. Dependent children may be more likely to follow parental rules and delay sexual activity. More generally the evidence based upon such surveys is weak because the relationships may be spurious (i.e. they may be due to other factors).

In a similar survey of 431 college students Lewis (1973) found that those adolescents who reported receiving sexuality education from someone other than a parent also reported having sexual intercourse at an earlier age and with more partners. He concluded, "Where parents were the main source of sex education, the children tended to follow traditional norms (i.e. chastity) in their premarital

sexual relationships." Still, there is no concrete evidence of causality. If nothing else, this research negates the hypothesis that providing sexual information to children automatically leads to experimentation.

A clearer relationship can be drawn in a study of 404 pregnant teenagers and their mothers (Furstenberg, 1976). Furstenberg found that sexually active girls from families who discussed birth control were more likely to use birth control than were sexually active girls from families who did not discuss birth control.

In a survey of 177 students and their parents, McNab (1976) was interested in whether parents' sex-related attitudes affected their children's attitudes. McNab collected information about liberal/conservative orientation, religion, income, education, and age and asked for respondents' attitudes about abortion, masturbation, and heterosexual relations (measured by the Sex, Knowledge and Attitude Test - SKAT). The results indicate that both mothers' and fathers' attitudes are predictors of their sons' attitudes toward abortion, masturbation, and heterosexual relations and their daughters' attitudes about abortion.

Inazu and Fox (1980) interviewed 449 mother/daughter pairs who were randomly selected from a stratified sample of 14 to 16-year-old girls from several high schools. They investigated the relative influence of direct and indirect messages from mothers upon their daughters' sexual behavior. They found that while direct forms of communication such as conversations about sexual morality do not have a significant impact on sexual behavior, the strongest predictor of sexual activity among adolescent girls was the daughter's perception of her relationship with her mother. The better the daughter rated the relationship, the less likely the daughter was to be sexually active. The authors conclude that efforts to strengthen family relationships are likely to be the most fruitful in preventing problems.

In another less rigorous study, Bennett and Dickinson (1980) found that neither rapport nor parental involvement in sexuality education had a meaningful impact on children's practical knowledge of sexuality.

Drawing conclusions from these data requires caution. Survey research relies on respondent recall and lacks information of a causal relationship. These shortcomings greatly limit the generalizability of survey data. Moreover, much of the research reviewed in this report surveyed self-selected groups of college students and tried to measure variables such as nonverbal parent/child communication which are very difficult to measure reliably and validly.

In spite of these limitations, the survey data does suggest that 1) parents can influence their child's sexual behavior, either by direct verbal communication or by serving as role models; and 2) that personality characteristics of children and family relationships in general may be more significant in influencing adolescent sexual behavior than direct verbal communication from parents.

Parents' Need for Assistance

Families do not often communicate about sexuality. When they do, they often feel uneasy and confused. Do parents perceive a need for assistance? Are they interested in structured sex education courses? The literature suggests affirmative answers.

Many studies demonstrate that parents feel they should be the primary sexuality educators of their children (Bloch, 1979) and many young people also favor parental responsibility for sexuality education (Bennett and Dickinson, 1980). However, both parents and children feel that parents do not talk freely with their children about sexuality and do not provide sufficient information (Bennett and Dickinson, 1980; Conley and Huff, 1974; General Mills, 1979).

In Roberts' study, the majority of parents stated that they want some assistance from the community in educating their children about sexuality. In particular, they want help learning to discuss sexual intercourse, premarital sex, masturbation, venereal disease, contraception, homosexuality, and rape (Roberts et al., 1978). Parents indicated a preference for 1) consultations with professionals, 2) printed material, and/or 3) structured programs that met at regular times with a fixed curriculum and specific objectives. Most parents were interested in attending structured programs with their spouses; many were interested in attending programs with their entire families.

Conley and Huff (1974) conducted a study of families' attitudes toward sexuality education. Of 51 randomly selected 9th and 12th-grade students' parents in Illinois, 31% of the parents indicated they would attend a course for adults in family life education.

Similarly, in a General Mills study (1977), 31% of parents indicated interest in classes designed to help them teach their children about sexuality. Parents expressed a desire 1) to learn how to speak freely and easily with their children about subjects such as sex, drugs, and smoking and 2) to ask questions and discuss their problems with other parents.

In sum, the literature indicates that both parents and children think parents should be responsible for their children's sex education; both desire more open communication; and parents want assistance and the opportunity to attend structured courses.

Impact of Courses. Are courses for parents helping them? In what ways? In this age of accountability for educational programs, more program providers have recognized the need to investigate the impact of their courses. However, it is difficult to evaluate programs designed to help parents as sexuality educators. Courses are usually short; participants are often reluctant to devote the additional time necessary for evaluation; most programs have too few participants for a meaningful empirical study; the important outcomes to be measured are not always clear; and the methods of measuring these outcomes are not always reliable and valid. Still a few studies have attempted to assess the effect of a course on parents' and children's knowledge, attitudes, and behavior. The literature is sparse and the quality of the research is seriously questionable. A few of the studies are influenced by the authors' opinion of desired outcomes; others investigate the effect of a particular approach rather than of parent sexuality education in general.

Duehn and Mayadas (1977) evaluated the impact of a multisession course given to 16 adolescents, half of whose parents took a concurrent course, to compare the effect of parental involvement on adolescents' knowledge and skill acquisition. When the authors measured the pre/post knowledge and communication skills of adolescents, they found that adolescents' knowledge was not affected by parents taking a concurrent course, but adolescents whose parents participated showed greater improvement in communication skills than did the other adolescents.

Similarly, Carton and Carton (1971) measured the impact of concurrent sexuality education courses on the attitude and communication skills of ten 10-11 year olds and their parents. The subjects were White, middle-class participants in a Unitarian-Universalist Association (UUA) program. The parent course met for 3 hours for 12 consecutive weeks and the preadolescent course met for 1.5 hours for 25 consecutive weeks. The course material clearly supported UUA values and covered seven subject areas: 1) anatomy and physiology related to sexual response, 2) masturbation, 3) same-sex behavior, 4) sexual expression such as petting, 5) patterns of boy-girl relationships, 6) "love-making," and 7) conception and contraception.

Both parents' and children's post scores differed significantly from pretest scores. Parents reported greater ease, comfort, satisfaction, and competence in communicating with their children about sexuality.

Miller and King (1974) evaluated the impact of a sexuality education program for adults which provided some factual information but focused primarily on behavioral rehearsal techniques to eliminate the fear and anxiety associated with discussing sexuality. Participants' responses to a brief course evaluation suggested that the course improved communication skills. However, the methodology of this study is particularly weak and the results should be considered tentative.

Goodman and Goodman (1976) examined the effects of orientation meetings on parents of 15 to 16-year-old adolescents. The meetings focused on a school-based program on sexuality and family life. The authors report that an experimental design was employed to measure attitudes and communication skills of control and experimental groups of parents and students. Students whose parents participated in the orientation program showed greater improvement in communication with parents than did students whose parents did not attend. Parents who attended the orientation program showed greater improvement in communication skills than other parents. Again, these results are tentative.

A 3-year community sexuality education project for parents attempted to dispel the common myths that hinder communication about sexuality conducted programs with 70 project-trained community leaders (Scales, 1976; Scales and Everly, 1977). By means of a quasi-experimental design the authors found that the programs increased some aspects of communication about sexuality. In this study behavioral rehearsal was viewed as the best method to increase parents' ability and commitment to communicate about sexuality.

Clark (1979) conducted an experimental study of the effects of a community college parent sexuality education course to train mothers to educate their children about sexuality. Pretests and posttests were administered to both mothers and their children. The results of the study indicate no significant change in communication or attitudes; however, the author points out serious limitations in the design.

Rosenberg and Rosenberg (1976 and 1976) adapted the Sexual Attitude Reassessment (SAR) to a seminar to develop more effective communication skills for senior high school students and their families in a small private school in Minnesota. The adapted SAR included 1) less explicit sexual material than is traditionally used in training professionals in human sexuality and 2) additional sessions on venereal disease, problems of conception and pregnancy, sexual morals, and sexual values. The results of post evaluations and a 6-month follow-up indicated that 96% of the participants benefited, specifically through increases in awareness, comfort with self, and ability to communicate about sexuality in the family. This study did not employ an experimental design, a distinct limitation in interpreting the results.

This chapter has reviewed the literature which describes what parents are and are not talking about with their children, what impact their communication or noncommunication may have on children's sexual behavior, and what effect programs have designed to help parents in their role as sexuality educators. Yet, many parents are still asking the prior question: what is appropriate to discuss with children at different ages? We explored these issues as well by reviewing the major theories of child development -- psychosexual, cognitive, and moral development -- and research addressing children's developing understanding of reproduction. These theories are summarized in Appendix A.

Discussion

In sum, the results of empirical research on the impact of sex education courses for parents is inconclusive. Small sample sizes and questionable methodology limit the validity of results. The research does suggest, however, that if course approach and content are focused and the evaluation assesses the behavioral objectives of the course, parent sexuality education can influence knowledge and the degree and skill of communication. Generally, attitudes and values are not influenced by a course unless particular values are strongly advocated.

The research demonstrates a need for 1) additional research employing an experimental design and 2) the development of reliable and valid evaluation methods. We discuss recommendations for research in the concluding chapter of this volume.

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Chapter 2

PROGRAM ANALYSIS

During the project, we identified well over 100 programs designed to assist parents in their role as sexuality educators of their children. We reviewed and included in a catalog 90 programs (Volume V: National Catalog of Programs-1981), excluding programs that were clearly not viable or preferred to remain anonymous.

This chapter describes summary information about the 90 programs. They represent the range and scope of sexuality education programs for parents, but do not constitute a random sample, but rather most of the programs we contacted through announcements, colleagues, program sponsors, and articles. We found that many small community groups offer courses, sometimes only once. Others remain undiscovered because of the lack of a parent sexuality education network. It was not possible in the context of this project to conduct an exhaustive search of all programs. Therefore, this analysis is not meant to be definitive. It describes the majority of important parent sexuality education programs in the United States in 1981. It does not describe all programs.

Sponsors

Of the 90 programs we reviewed, two thirds were sponsored by family planning agencies and other health-related organizations (Table 1). This large majority may exaggerate the actual proportion. Because health-related institutions have been such visible sponsors of programs and Planned Parenthood-sponsored programs participate in an informal sexuality education network, they were fairly easy to identify. Programs run by other organizations were more difficult to identify.

Many programs, including those sponsored by Planned Parenthood, indicate they conduct their most widely-accepted programs through churches, schools, and preestablished parent groups. Eleven percent reported affiliation with religious organizations. In addition, the leaders of Girls Clubs and several other nationwide organizations now consider developing such programs a priority.

Participants

In the fall of 1979 when this project began, many educators assumed that programs were offered primarily to liberal, White parents of adolescents. It was significant, therefore, to learn from program providers that courses were being offered to a great variety of parents: to parents of young children, to rural families, to parents from ethnic minorities, and to traditional and religious parents with conservative values (Table 2).

Table 1
Organizations Sponsoring Sexuality Education Programs for Parents

Type of Organization	Number ^a	Percentage
Family planning related	29	32%
Planned Parenthoods		
State family planning agencies		
Pregnancy prevention programs		
Health related organizations	22	14%
State health departments		
Women's/family health centers		
Mental health centers		
Health education organizations	7	8%
Youth services	7	8%
Churches	7	8%
Colleges/universities	7	8%
Private consultants (sexuality education specialists)	7	8%
Schools/school districts	6	7%
Other	3	3%
State extension		
Blue Cross Blue Shield		
Resource center		

^a Total equals more than 90 programs or 100% since some programs had more than one sponsor.

Table 2

Characteristics of Parents to Whom Programs Offer Sexuality Education

<u>Number^a</u>	<u>Age of Parents' Children</u>
29	0- 2 year olds
52	3- 6 year olds
66	7-11 year olds
76	12-15 year olds
64	16-18 year olds

<u>Number^a</u>	<u>Setting</u>
78	Urban
45	Suburban
20	Rural

<u>Number^a</u>	<u>Racial/Ethnic Background</u>
81	White
39	Black
25	Hispanic/Mexican

^aTotal equals more than 90 programs because programs offered courses to more than one target group.

Goals

We asked program providers to identify the goals of their programs. Some providers responded in very specific terms: for example, to acquaint parents with sexuality education services of local organizations. Others responded with broader goals: for example, to strengthen the family unit. Interestingly, while the greatest percentage of programs reviewed for this project were sponsored by family planning agencies, only a few specifically listed prevention of unwanted pregnancies as a goal. Obviously such program providers are interested in unwanted pregnancy and hope that the course may have some impact on pregnancy, but their immediate goals are usually to enhance communication skills and/or prepare parents to be the primary sexuality educators of their children (Table 3).

Contents

Many people believe that sexuality education focuses on reproductive anatomy and physiology. Just as sexuality education programs for adolescents now encompasses many additional topics, so does parent sexuality education (Table 4). Consistent with the goals of their programs, the majority of the programs we reviewed include discussions and/or activities addressing communication skills. They reported general contents such as defining values and attitudes and specific content such as learning sexual vocabulary. Besides developing communication skills, the contents of courses tend to fall into one of 7 categories:

- Discuss knowledge about physical development and reproduction.
- Discuss knowledge about psychological development.
- Discuss knowledge of resources.
- Explore and/or clarify values.
- Discuss contemporary dilemmas.
- Discuss personal growth.
- Address sex-related issues arising in the home.

Source of Funds

The future of parent sexuality education programs is heavily dependent on funding. Of the 90 programs reviewed, 27 were supported by federal funds. Considering the current political climate toward federal involvement in educational programs, lack of funds may well become the primary problem in offering programs. Table 5 depicts all of the sources of funds identified by program providers. Because of the unique nature of this issue we have included all identified sources, even if identified only once.

Problems

Program providers reported their most important problem was their difficulty recruiting parents for courses and maintaining their attendance once recruited

Table 3

Goals Cited by Program Providers

Number of times cited ^a	Program Goals
63	Enhance communication skills: parent-child, adult-adult
52	Prepare parents to be primary sex educators of their children
42	Provide accurate concrete information on sexuality
25	Increase parents' confidence and comfort
21	Develop better understanding of parents' own values and attitudes (personal growth of parents)
16	Strengthen the family unit; help parents explore and understand sexuality within the family
12	Train service providers/educators to provide responsible sexuality education
12	Enable parents to discuss the ages and stages of sexual development with children
10	Enhance parents' sensitivity to children's experiences
7	Help parents define their own values and attitudes and how to convey to children
6	Prevent unwanted pregnancies
5	Acquaint parents with sexuality education services of local organizations
5	Provide setting to learn about sexuality within a religious context
4	Develop group support
4	Expand responsible childbearing
3	Eradicate myths and misconceptions about sexuality and sexuality education
3	Develop expanded concept of what sexuality includes
3	Train parents/teens to serve as peer consultants/educators
3	Address the special issues of sexuality for the disabled
3	Educate young people about the changes of puberty
3	Increase community awareness of the positive effects of sexuality education
3	Enhance parents' awareness of the impact of the media
2	Increase parents' knowledge of resources and materials and how to use them
2	Help parents develop positive attitude toward sexuality
2	Cultivate idea of lifelong sexual learning
2	Enhance parents' relationship with partner
1	Increase fathers' involvement
1	Identify potential problems related to sexuality parents may have with children
1	Enable gay parents to understand their situation and decrease isolation
1	Teach parents how to use television as a catalyst for sexual learning
1	Decrease infant mortality

^a Many programs cite more than one goal.

Table 4

Topics Ten or More Program Providers Cover in Courses

Number ^a of times cited	Contents
60	Communication skills
41	Stages of development - physical/psychosexual
38	Reproductive anatomy and physiology
32	Personal values and attitudes
24	Sex roles
22	Answering children's questions, initiating conversations
22	Values clarification
21	Myths
16	Parents' sexuality education
16	Sexual vocabulary
16	Decision making - problem solving
15	Pregnancy/birth/conception
15	Contraception
12	Sexuality and society
12	Conveying one's own values to children
12	Nudity
12	Sexuality and the influence of media
12	Sexual behavior of children
12	Sexually transmitted disease
10	Privacy
10	Recommended resources (books, pamphlets)

Table 5

Source of Funds for Programs

Number ^a	Funding Source
27	Federal agencies
17	Fees
16	Private foundations
13	Sponsoring organizations/agencies (exact source unspecified)
12	State family planning agencies
6	Donations
4	Churches/parishes
3	United Way
3	Health departments
3	Colleges/school districts
1	March of Dimes
1	Volunteer time
1	Sale of resource materials
1	Honoraria

^aTotal equals more than 90 since some programs had more than one source of funding.

(Table 6). Programs offered to the community at-large had very low turnouts no matter how massive the recruitment effort. Some sponsors even suggested that mass mailings deter attendance. Programs which were presented through established groups were generally thought to be most successful. Program providers offered the following reasons for their difficulty with recruitment and attendance: weather, inconvenience of course site, parents' hesitancy to admit their need, lack of staff time, and lack of funds. We have no way to assess whether their perception of the actual source of the problem is accurate or not. Still, recruitment and attendance remain obstacles to offering multisession courses.

Thirteen percent of providers cited community resistance as a major problem. According to them, schools and churches refused association because of 1) objections from conservatives and 2) their limited recognition of the need for parent sexuality education. Again, we have no way to assess the extent of actual community resistance. The question of whether this is a real obstacle or an institutional fear remains open. Many traditional institutions such as churches do provide programs in conservative communities and few of these had to respond to active community opposition.

We address both of these issues -- recruitment and gaining community support -- and offer recommendations based on our findings in Volume II of this report.

Conclusions

In sum, the review of existing programs indicates that 1) the majority of programs are sponsored by health-related organizations; 2) programs are offered to a wide range of parents; 3) supporting and assisting parents in their role as primary sexuality educators of their children are primarily program goals; 4) courses cover a wide range of topics, not just reproduction and physical development; 5) recruiting parents and maintaining attendance are the major obstacles for a successful program; and 6) almost one third of the programs receive some federal funds to implement courses.

This picture represents 1980-1981. Our informal discussions with program providers suggest trends for the future.

- Schools and churches are taking an increasingly prominent role in providing programs.
- Interest in programs for parents of young children continues to grow.
- A growing number of programs are being designed for specific parent groups such as single parents and parents of the hearing impaired.
- Programs are de-emphasizing factual information on anatomy and physiology and increasingly emphasizing communication and family relationships.
- Program providers are searching for alternatives to government funds, such as charging fees or using institution funds.

Table 6
Problems Program Providers Report

Number	Problem
28	<u>Recruitment/attendance</u> Too few fathers (7) Low turnout (5) Changing composition of group (3) Winter weather (2) Travel distance (2) Hesitancy to admit need for more information about sexuality (2) Fear of being labeled if attend a conference for gay parents (1) Lack of child care (1)
26	<u>Program design/limitations</u> Lack of staff time (7) Program too short to eliminate myths, misconceptions, fears; too short to cover all relevant information (4) Lack of money (4) Scheduling problems/conflicts (3) Ability to do follow up (1) Information that was too specific (1) Keeping focus general rather than specific (1) Focusing sessions quickly (1) Lack of resources for parents (1) Need to charge fees (1) Diversity of group and need to validate all attitudes and values (1) Diversity of group members' educational backgrounds (1)
12	<u>Community resistance to the issue of sexuality</u> Schools, churches, etc. refusing association (3) Negative political climate (2) Objections from conservative groups (2) Lack of awareness of the need for sexuality education (2)
7	<u>Parents' resistance during class</u> Parents in program with preteens less verbal (2) Reluctance to initiate peer consultations (1) Parents' fear of talking with children about sexuality (1) Hesitancy to share ideas and examine values (1) Adults who think they know everything (1) Special needs of single parents (1)
4	<u>Ethnic/cultural</u> Lack of culturally sensitive materials (1) Difference in backgrounds of target population and providers (1) Lack of materials interpreted into other languages (1) Lack of involvement from persons who are not middle class (1)

Chapter 3

NEEDS ASSESSMENT

During the first phase of this project, we conducted an assessment of parents' needs to be effective sexuality educators for their children. We started with lists based on the results of our previous needs assessment reported in An Analysis of U.S. Sex Education Programs and Evaluation Methods (Kirby et al., 1979). We visited programs and observed classes, contacted programs by telephone and mail, and convened an expert panel. We interviewed 20 parents and 25 experts in sex education to supplement the initial lists with characteristics, contents, and goals for programs specific to helping parents with the sexuality education of their children. We compiled all of the items and asked 50 parents to rate their needs and 75 parent sexuality educators to rate important features and outcomes for courses for parents. Parents were asked what types of knowledge, skills, and attitudes they need in order to communicate effectively with their children about sexuality; experts were asked to recommend specific characteristics or features of a parent sexuality education program to help parents satisfy those needs.

The results we report are items that were rated as very or extremely important to assist parents in their role as primary sexuality educators of their children: the needs of parents to be the primary sexuality educators of their children, the essential attitudes for that role, and the important features of parent programs.

Parents' Needs

We assessed parents' needs at two levels. We initially asked parents to rate the general areas with which they felt they needed the most help:

- 1) To increase factual knowledge
- 2) To explore attitudes about a child's sexuality
- 3) To explore their own sexuality
- 4) To develop parent/child communication skills

Parents reported that all four are extremely important needs, but that the last two areas -- communication skills and their attitudes about their own sexuality -- were most important.

We further asked parents to define the relative importance of particular topics within each category.

Knowledge. Parents reported that their needs for knowledge varied depending on the ages of their children. They indicated that parents of 3-6 year olds should know basic facts about anatomy, physiology, sexual development, masturbation, and gender roles. Few parents felt that technical information about such matters as contraception was necessary to communicate effectively about sexuality with young children.

Parents claimed that parents of 7-18 year olds need more information. In addition to the basic facts, these parents should also know about contraception, teenage pregnancy, childbirth, abortion, normal body variations, homosexuality, the effects of drugs and alcohol on sexual behavior, venereal disease, and the availability of clinics in their community. Only parents of older adolescents would need to know more specialized information such as sexual response and sexual problems.

Parents agreed that they all needed information about the effects of sexuality education and sexual knowledge on their children. They seemed to believe that if they had information and knew the effects of sharing it with their children, they would become freer to answer questions and to talk about sexuality generally.

Skills. Parents reported that for parents to be the primary sex educators of their own children, they all need -- regardless of their children's ages -- to learn how to listen, to resolve problems, to be supportive of their children without condoning unacceptable behavior, to answer questions, to incorporate discussions about sex into everyday conversations, to start conversations about sex, to deal with crises, to teach sexuality in general. Parents agreed that all of these skills are extremely important. Many parents felt that developing such communication skills is difficult to do on one's own without specific instruction and practice. Some parents felt that courses helping parents become sexuality educators of their children should focus primarily on techniques for communicating with children.

Adult sexuality. Every parent we interviewed for this report endorsed four basic attitudes:

- 1) Parents need to talk to each other about sexuality;
- 2) Parents need to feel comfortable about their own sexuality;
- 3) Parents need to feel comfortable about their spouse's sexuality; and
- 4) Parents need to be in touch with their own values about sexuality.

Parents felt handicapped because of their own experiences or lack of experience with sexuality education. As one person exclaimed, "How can I discuss these issues with my child when I can't even allow myself to think about these subjects and I'm unsure of my own values?"

Attitudes About Parent/Child Communication About Sexuality

Parents supported the following attitudes and beliefs:

- 1) Parents have the right to express their feelings and attitudes with their children.

- 2) Parents do not need to be experts to discuss sex with their children.
- 3) Parents need to be comfortable discussing sex with their children.
- 4) Parents have the right to privacy of their feelings and behaviors.
- 5) Parents can influence their children's sexual behavior.
- 6) Children want to discuss sex with their parents.
- 7) Children have a right to know about sex.
- 8) Children should not be punished for their feelings.
- 9) Children have a right to discuss sex with their parents.
- 10) Children have a right to their own attitudes about sex.
- 11) Children will make independent decisions about their own sexual behavior.
- 12) Children have the right to privacy of their own feelings and behaviors.
- 13) Mothers and fathers involved with childrearing should play an active role in the sexuality education of their children.

Interestingly, parents felt that they should not actively support their children's decisions. A parent may be verbally supportive, but should not get actively involved. For example, if an adolescent daughter decides to use birth control, a parent should not take responsibility for obtaining it for her.

Features of Programs

The experts reviewed various aspects of a course: 1) topics for discussion; 2) skills to be developed; 3) teacher characteristics; and 4) general program characteristics. The experts differentiated important features according to the age groups of parents' children — 3-6, 7-11, 12-15, and 16-18 years old.

Topics. In general, experts were more selective about the contents of a multisession course for parents than the parents were about their needs. The experts were undoubtedly aware that most parent courses are very short and cannot cover all issues adequately. The experts did not indicate that "less important" topics be avoided, rather they believed that some topics are more likely to meet parents' needs in short courses. (Table 7 summarizes experts' ratings.)

Whereas parents reported that having knowledge of physiology was extremely important, experts preferred to limit this topic since information is readily available. Experts did agree that all parents need to learn correct sexual or physiological terminology. For parents of 3 to 6 year olds, vocabulary was the only knowledge topic the experts would include. They reported that parents of 7 to 11 year olds also need instruction about different aspects of physiology: puberty, biological aspects of human reproduction, normal body variations, and developmental differences between the sexes. A course for parents of 12 to 15 year olds should include discussions of puberty, normal body variations, and developmental

Table 7
Relative Importance of Topics

	Ages of Parents' Children			
	3-6	7-11	12-15	16-18
<u>Physiology</u>				
discussions of puberty		***	***	
discussions of the biological aspects of human reproduction		***		
discussions of the probability of becoming pregnant		*	*	*
discussions of the effects of drugs and alcohol on sexual behavior and response				***
discussions of normal body variations	*	***	***	*
discussions of developmental differences between the sexes		***	***	*
discussions of sexuality vocabulary	***	***	*	*
discussions of the sexual drive				***
<u>Sex-related Activities</u>				
discussions of child sex play (e.g., playing doctor)	***			
discussions of necking and petting		*	***	***
discussions of emotional aspects of sexual intercourse			***	***
discussions of social aspects of sexual intercourse			***	***
discussions of the role of love and commitment in sexual activity		*	***	***
discussions of human sexuality as an aspect of the total personality	***	***	***	***
discussions of the relationship between one's self-image and sexual behavior	***	***	***	***
discussions of emotional needs at different ages	***	***	***	***
discussions of social needs at different ages	***	***	***	***
discussions of premarital intercourse		*	***	***
discussions of adolescent pregnancy		*	***	***
discussions of parents' experiences, attitudes and feelings about sexual activity	***	***	***	***
discussions of the range of normal sexual behavior at different ages	*	***	***	***
discussions of the same sex play among children	***	***		
discussions of homosexuality (e.g., development of)			***	***
discussions of masturbation at different ages	***	***	***	*
discussions of sexual thoughts and fantasies		*	*	***
discussions of common questions from children of different ages	***	***	*	*
discussions of common concerns of children of different ages	***	***	***	***
discussions of nudity in the home	***	*		
discussions of the use of obscene language in the home	***	*		
discussions of parents bathing with children	*			
discussions of sexual privacy	***	***	*	*
discussions of the effects of knowledge on behavior	***	***	***	***
<u>Myths</u>				
discussions of common myths held by parents	***	***	***	***
discussions of common myths held by children	***	***	***	***

differences between the sexes. Experts reported that parents of 16-18 year olds no longer play an important role in teaching their 16-18 year old basic facts; therefore, a course for such parents should focus on 1) the effects of drugs and alcohol on sexual behavior and response and 2) the facts about sexual drive.

Experts rated as much less important topics such as sexual dysfunction, pregnancy, and childbirth.

We focused on contraception and abortion questions separately because of their political importance. Experts felt that it is premature to bring up contraception and abortion in courses for parents of 3-6 year olds. Even for parents of 7-15 year olds, they did not think detailed facts about contraception and abortion were particularly important, other than knowing sources for sex-related and contraception information, the effects of providing contraception information, and ways to discuss abortion. Parents of 16-18 year olds, however, need more information on family planning; for each contraceptive method, parents should know its advantages and disadvantages, common fears and fallacies, and effective methods for its use. Experts agreed that parents of older adolescents must have accurate information on contraception and abortion if they want to be available to their children.

Although many people assert that the media and peer pressure are responsible for much of the sexual activity among adolescents, experts agreed it was unnecessary to discuss anything other than general peer pressure (without a focus on sexuality) in courses for parents with children younger than 12, but that parents of 12-15 year olds need to discuss sexual assertiveness and the media's emphasis on titillating sex. Parents of 16-18 year olds should also discuss rape and sexual exploitation among adolescents.

Experts disagreed about whether to include incest and child molestation as topics. Many believed that they should be discussed with all parents; others said these topics are too threatening and the effects of discussing them were questionable.

Experts said that courses for parents should provide opportunities to discuss the following issues, regardless of the age of the parents' children:

- 1) The relationship between one's self-image and sexual behavior;
- 2) Common concerns of children of different ages;
- 3) Human sexuality as an aspect of the total personality;
- 4) Emotional needs at different ages;
- 5) Social needs at different ages;
- 6) Effects of knowledge on sexual behavior;
- 7) Common myths held by parents;
- 8) Common myths held by children;
- 9) Parents' values;
- 10) Children's values;

- 11) Parents' experiences, attitudes, and feelings about sexual activity;
- 12) Parents' attitudes about acceptable sexual behavior at different ages;
- 13) Parents' concerns about condoning sexual experimentation; and
- 14) Parents' attitudes about gender roles.

Experts also recommended that same-sex relationships be discussed with all parents. With parents of younger children the emphasis would be on younger children's common curiosity about each others' bodies. With parents of puberty-aged or adolescent children the emphasis would be more on the development of homosexuality as a lifestyle.

Beyond these 15 topics for discussion for all parents, experts identified specific topics that should be discussed with parents depending on the ages of their children. Parents of 3-6 year olds should discuss child sex play such as masturbation, playing doctor, and same-sex play among children; common questions from children at different ages; nudity in the home; sexual privacy; and the use of obscene language in the home.

Experts said a program for parents of 7-11 year olds should cover adolescent pregnancy, the range of normal sexual behavior at different ages, masturbation, same-sex play among children, questions commonly asked by children of these ages, sexual privacy, spouses' conflicting values, parent/child conflicting values, and the impact of the media and the child's friends on the child's values.

In addition, parents of children 12 and older should discuss the social aspects of intercourse, the role of love and commitment in sexual activity, homosexuality, virginity, necking and petting, premarital intercourse, the range of normal sexual behavior, and emotional aspects of sexual intercourse. The experts singled out only two topics particularly important in programs for parents of 16-18 year olds, namely, sexual fantasies and the double standard.

The topics that experts viewed as unimportant included prostitution, deviant sexual behavior, and alternative life-styles -- not because such information is useless, but because it is less likely to be of concern to a whole group. Experts maintained that even if such a topic was a personal issue for a participant in a course, the classroom was not the place to handle it. According to them, the teacher of a course should be prepared to refer parents to appropriate professionals.

Skills. Table 7 presents the skills experts identified as essential for all parents, regardless of their children's ages. Parents must know:

- 1) How to be supportive without necessarily endorsing the child's behavior;
- 2) How to improve communication skills with children;
- 3) How to begin conversations about sex;
- 4) How to incorporate sexuality information into general everyday conversation;
- 5) How to respond to questions when the parent does not know the answer;

- 6) How to respond to embarrassing questions; and
- 7) How to respond to the child's values when they conflict with parents' values.

These skills are sufficient when the children are 3-6 year olds. By the time the children become ages 7-11, parents need to add skills in resolving interpersonal problems and helping their children with sexual problems. Parents of 12-15 year olds further need skills in handling a teenage pregnancy. Parents of 16-18 year olds must also be skilled in decision-making and problem-solving techniques.

Teacher characteristics. Almost everyone who contributed to the needs assessment rated the skill and personality of the teacher as extremely important. The only experts who differed were those who supported the use of curricula that do not require a trained teacher. Experts expressed near unanimity about which teacher characteristics were important and which were unimportant, regardless of the age of parents' children. (Table 8 summarizes the responses.) According to them, a teacher who conducts courses helping parents become the primary sexuality educators of their children must:

- 1) Be knowledgeable about facts, issues, materials, etc., relevant to teaching sexuality;
- 2) Have participated in courses or workshops relevant to teaching sexuality;
- 3) Be genuinely enthusiastic about teaching sex education to parents;
- 4) Be able to discuss aspects of sexuality with comfort;
- 5) Be capable of effectively handling questions potentially embarrassing to either the teacher or parents;
- 6) Be sensitive to the varying vulnerability of parents;
- 7) Be able to communicate genuine warmth, empathy, openness, concern, and respect for others;
- 8) Be capable of gaining the trust of parents;
- 9) Be able to establish good rapport with parents;
- 10) Be capable of creating an environment conducive to the expression of feelings and opinions;
- 11) Be able to teach nonjudgmentally;
- 12) Have good listening skills;
- 13) Be able to teach without his or her own guilt, anxieties, etc. about sexuality affecting instruction; and
- 14) Be capable of gaining the trust of the community.

Most experts added the additional characteristic of a sense of humor. However, several indicated that the sense of humor was probably less important with a group of parents of 16-18 year olds, apparently because such courses tend to be more serious and problem-oriented.

Table 8
Relative Importance of Teacher Characteristics

Teacher Characteristics	Ages of Parents' Children			
	3-6	7-11	12-15	16-18
teacher knowledgeable about facts, issues, materials, etc. relevant to sexuality	***	***	***	***
teacher with previous participation in courses or workshops relevant to sexuality	***	***	***	***
teacher who reads about recent research in sexuality			***	***
teacher genuinely enthusiastic about teaching sex education to parents	***	***	***	***
teacher who can discuss aspects of sexuality with comfort	***	***	***	***
teacher capable of effectively handling questions potentially embarrassing to either the teacher or parents	***	***	***	***
teacher sensitive to the varying vulnerability of parents	***	***	***	***
teacher with genuine warmth, empathy, openness, concern and respect for others	***	***	***	***
teacher capable of gaining the trust of parents	***	***	***	***
teacher with good rapport with parents	***	***	***	***
teacher capable of creating an environment conducive to the expressions of feelings and opinions	***	***	***	***
teacher whose teaching is nonjudgmental	***	***	***	***
teacher with good listening skills	***	***	***	***
teacher whose guilt, anxieties, etc. about his/her sexuality do not affect instruction	***	***	***	***
teacher capable of gaining the trust of the community	***	***	***	***
teacher with a sense of humor	***	***	***	

Key: *** extremely important

Experts considered the following teacher characteristics unimportant:

- 1) Age
- 2) Gender
- 3) Marital status
- 4) Parental status
- 5) Professional degree
- 6) Values or life style similar to the community's (as long as values or lifestyle do not intrude on the course)
- 7) Having a co-leader

Program characteristics. When experts were asked what types of activities should be used, they agreed that courses should not rely totally on lectures, rather that teaching techniques should vary. (Table 9 summarizes experts' ratings.) Regardless of the ages of parents' children, the experts recommended:

- 1) Teacher-led class discussions with maximum parent participation;
- 2) Group exercises designed to increase trust, sharing of feelings, sensitivity to the issues, and so on;
- 3) Assignments aimed at improving both skills and knowledge; and
- 4) Making available and discussing materials such as books on human sexuality for children.

The experts also supported the use of films and videotapes, especially to parents of adolescents. Roleplaying was recommended very cautiously. Experts reported that if used judiciously, roleplaying may help parents develop skills, but in some situations -- for example, in a first session with a tense or inhibited parent group -- it could be more destructive than instructive, i.e., it may threaten parents and discourage them from returning.

Experts considered it unimportant but acceptable to invite a guest speaker or children to participate in discussions or activities. They considered it unnecessary for parents to have opportunities to handle and examine contraceptives, to participate in field trips, or to have the use of a hot line.

While counseling or therapy referrals should be made available for parents and their children, this was seen as most essential for parents of 12-18 year olds since they often take a course because they are facing a current problem at home. Parents of younger children are more likely to be motivated by a desire to improve their parenting skills.

Experts felt that it was extremely important to try to recruit both parents of two-parent families rather than mothers or fathers alone, especially with parents of 3-11 year olds, since young children receive most of their sexuality education at home from their parents' modeling. Having both parents present is considered desirable, but less important, for parents of older children. Nevertheless, most of the experts recognized that limiting a course to couples would be unrealistic.

The atmosphere of the class is considered extremely important. According to these experts, the teacher must 1) emphasize the importance of keeping the views expressed by parents in the class confidential; 2) provide a nonjudgmental environment which recognizes differing values; and 3) allow parents to explore any issue or topic about human sexuality. The entire group should work to develop trust

Table 9
Relative Importance of Course Characteristics

	Ages of Parents' Children			
	3-6	7-11	12-15	16-18
Course Atmosphere				
trust among parents and teacher	***	***	***	***
good rapport among parents and teacher	***	***	***	***
classroom environment conducive to the expression of feelings and opinions	***	***	***	***
comfortable atmosphere for asking questions	***	***	***	***
confidentiality of views expressed by parents in the class	***	***	***	***
a nonjudgmental classroom environment	***	***	***	***
recognition of the differing values of the parents	***	***	***	***
recognition of the differing needs of parents from diverse socioeconomic and cultural backgrounds	***	***	***	***
recognition of the varying vulnerabilities of parents	***	***	***	***
freedom to explore any issues and topics raised by parents about human sexuality	***	***	***	***
advocacy of sexual activity consistent with the individual's religious background (parent and child)	***	***		
class with couples (both parents) participating	***	***		
Resources and Activities				
class discussions led by the teacher with considerable parent input	***	***	***	***
group exercises designed to increase trust, sharing of feelings, sensitivity, etc.				
appropriate films and videotapes			***	***
appropriate resource materials (e.g., books on human sexuality for children)	***	***	***	***
assignments aimed at improving skills as well as knowledge	***	***	***	***
assignments aimed at affective as well as cognitive learning	***	***	***	***
provision of reading list for parents	***	***	***	***
provision of reading materials	***	***	***	***
Other Program Characteristics				
special provisions for disadvantaged participants (e.g., deaf and handicapped parents or parents of deaf and handicapped children)	***	***	***	***
special provisions or instruction for single parents	***	***	***	***
availability of counseling or therapy referrals	***	***	***	***
convenient time for programs	***	***	***	***
convenient place for programs	***	***	***	***
continued evaluation of programs	***	***	***	***
continued development of programs	***	***	***	***

Key:

*** extremely important

Values	Ages of Parents' Children			
	3-6	7-11	12-15	16-18
discussions of each parent's values	***	***	***	***
discussions of children's values	***	***	***	***
discussions of parent's attitudes about acceptable sexual behavior at different ages	***	***	***	***
discussions of parents' concerns about condoning sexual experimentation	***	***	***	***
discussions of parents' attitudes about sex roles	***	***	***	***
discussions of the double standard			*	***
discussions of spouse's conflicting values		***		
discussions of parent/child conflicting values		***	***	***
discussions of the impact of the media on values		***	***	***
discussions of the impact of child's friends on child's values		***	***	***
<u>Pressure, Exploitation</u>				
discussions of peer pressure at different ages		***	***	***
discussions of sexual exploitation among adolescents		*	*	***
discussions of sexual assertiveness			***	***
discussions of rape			*	***
discussions of media emphasis on titillating sex			***	***
<u>Contraception and Abortion</u>				
discussions of family planning				***
discussions of advantages and disadvantages of each contraceptive method				***
discussions of fears and fallacies about each contraceptive method				***
discussions of the effective use of contraception			*	***
discussions of sources of sex-related information and contraception		*	***	***
discussions of when and how to provide contraception information		***	***	***
discussions of the effects of providing contraception information		***	***	***
discussions of abortion		***	***	***
<u>Skills</u>				
activities on decision-making techniques			*	***
activities on problem-solving techniques			*	***
discussions of how to be supportive of children without necessarily endorsing their behavior	***	***	***	***
activities on how to improve communication skills with children	***	***	***	***
activities on how to resolve interpersonal conflicts in the family	***	***	*	*
discussions of how to incorporate sex information into general everyday conversation	***	***	***	***
discussions of how to respond to questions when the parent does not know the answer	***	***	***	***
discussions of how to respond to embarrassing questions	***	***	***	***
discussions of how to respond to child's values when they conflict with parent's values	***	***	***	***
discussions of how to handle a teenage pregnancy		*	***	***
discussions of how to help a child with a sexual problem		***	***	***

Key: * important
*** extremely important

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and rapport between participants and teacher and an atmosphere conducive to expressing feelings, stating opinions, and asking questions.

Experts maintained that when developing a course, it is extremely important to recognize the differing needs of parents from diverse socioeconomic and cultural backgrounds. There has been some question of how heterogeneous the parent groups should be. Frequently groups are fairly homogeneous because the sponsoring organization is homogeneous or because the community itself is homogeneous. Most experts find it easier to work with a homogeneous group of parents.

The experts further pointed out that a course should advocate sexual activity consistent with the individual's religious background or moral beliefs. It is important that parent sexuality education programs not attempt to teach parents to pass on the values of a particular sex education teacher, but rather attempt to help parents learn how to teach their own values.

Experts rated as extremely important, making special provisions for participants with special needs such as parents of handicapped children and single parents of 12-18 year olds.

Almost every expert emphasized the importance of conducting courses at a convenient time and place and evaluating and continually modifying and developing a program. All of the experts emphasized the importance of effective recruitment procedures including some personal contact with potential participants.

Summary

After we analyzed the results of the needs, we developed a conceptual framework for program features, outcomes, and goals. The flow chart in Table 10 summarizes the basis for the programs we designed and implemented.

FEATURES

Topics for Discussions and Activities

Parents' own sex education
Child development
Reproductive anatomy & physiology
Sex-related activities
Children's common questions & concerns
Adolescent pregnancy & prevention
Attitudes toward sexual issues
Communication & problem-solving skills

Characteristics of Teacher

Knowledgeable about sexuality
Knowledgeable about child & family development
Comfortable with own sexuality
Enthusiastic
Skilled group facilitator
Nonjudgmental
Respectful of parents
Specially trained to educate parents

Elements of Course Atmosphere

Trust, rapport
Comfort
Confidentiality
Allows for differing values & needs
Interesting

Variety of Resources

Audiovisuals, books, & pamphlets
Assignments for homework
Reading list
Course outline

Variety of Learning Opportunities

Lectures
Discussions
Audiovisuals
Brainstorming
Role playing
Other structured activities

Other Characteristics of Program

Referrals for counseling
Convenient time & place
Continued evaluation & development

OUTCOMES

Increased Understanding of Self

Parents' own sex education
Parents' attitudes

Increased Knowledge

Child development
Reproductive anatomy & physiology
Sex-related activities
Adolescent pregnancy & prevention
Sexual terminology

Improved Skills

Communication
Handling sexual issues with children
Problem solving

Broadened Examination of Own Attitudes

Body image
Gender roles
Acceptable sexual behavior at different ages
Adolescent pregnancy & prevention

Reinforced Support of Values

Child has a right to opinions
Child has a right to discuss sex with parents
Child has a right to knowledge
Child should not be punished for feelings
Child has a right to privacy
Both parents should be involved with sex education
Parents have a right to express feelings & attitudes to their children
Parents do not have to be experts
Parents have a right to privacy

Table 10

Characteristics and Goals of Parent Sexuality Education Programs

INTERMEDIATE GOAL

Increased Competence

Role as sexuality educator
of own children

PRIMARY GOAL

Improved Family Relationships

Decreased Sex-related Problems
Unplanned adolescent pregnancies
Sexually transmitted diseases

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Chapter 4

DEVELOPMENT AND IMPLEMENTATION OF MODEL CURRICULA

In the process of reviewing the literature, studying existing programs for parents, and conducting the needs assessment of parents and experts, we identified several distinct approaches to helping parents. This chapter 1) describes those approaches including the approach used for this project; 2) provides an overview of the model curricula; and 3) describes the programs which implemented the curricula.

Conceptual Approaches to Parent Education

Some educators believe that parent education is best approached as a corollary to children's courses. They keep parents informed about the child's program, hoping that parents will 1) become more supportive of the school program, and 2) use the course as a catalyst for family discussions. When, for example, the adolescent is learning about contraceptive techniques, these educators encourage parents to voice their opinions about the safety or efficacy of each method or to explain their values about adolescent sexual behavior and use of contraceptives.

Other educators offer separate courses for parents, believing 1) that parents can begin their training as sexuality educators of their children at any point, whether or not the children are currently enrolled in a course; and 2) that separate courses offer greater freedom to choose teachers, sponsors, and settings that best meet parents' needs, styles, and values. During the review of programs and the literature, we found five foci for separate parent programs.

Focus one: Address conflicting feelings. Some educators view the major obstacle to parent/child communication about sexuality to be a combination of parents' ambivalence about sexuality and their lack of adequate sexuality education. For example, parents may feel sexuality should be a positive aspect of marriage, but still have an underlying feeling that sex in general is wrong or evil. Courses with this focus help parents resolve their own conflicts and become more comfortable with their own sexuality. As a result, parents could be expected to become more attentive to their children's needs, more comfortable discussing sexuality, and more available as educators and advisors.

Focus two: Provide accurate information. Many educators believe, and survey research demonstrates, that parents lack or feel they lack adequate information -- both about sexuality and about ways children learn at different ages. Parents may feel insecure about their lack of information and avoid educating their children about sexuality; or they may give confusing or inaccurate information. The focus of a course could be, therefore, to provide knowledge to parents -- knowledge about specific facts about sexuality (e.g. reproduction) and knowledge about how children think and reason. As a result, parents would know what and how to teach and would invite questions from their children.

Focus three: Teach communication skills. Other educators contend that the primary problem is that parents do not know how to communicate with their children in general, and particularly about sensitive topics. Courses with this focus teach

general communication skills and give parents an opportunity to practice these skills. The anticipated result: parents and children will communicate more effectively in general and this effective communication will generalize to discussions about sexuality.

Focus four: Explore attitudes and values. Some educators, recognizing that parents are often confused about their standards and values contend that parents are unable to teach about sexuality because they don't know what they believe or which values they want to convey. Courses based on this premise help parents explore and clarify their own attitudes about sexual issues, so that parents will be better able to explain their values and attitudes to their children.

Focus five: Tackle immediate concerns. Educators recognize that many parents attend courses because of sexuality issues arising in their homes. Like focus three, focus five courses concentrate on communication but stay with current sex-related issues in parents' own homes. For example, if parents are wrestling with how to explain childbirth to a young child, they work on that in the course; if their adolescent is ignoring curfews, they work on possible solutions.

While we have discussed these foci as distinct and separate, they actually overlap with one another. Few educators implement only one approach; most place more emphasis on one approach, but also introduce the others.

Overview of Model Curriculum

When we asked parents what they needed most to communicate with their children, they rated all five focus areas as equally important. The needs assessment, review of programs, and discussions with sex educators affirmed the conclusions. Based on the needs assessments (Chapter 3), we concluded 1) that nearly all parents confront these five problems or needs, and 2) that addressing one in isolation of the others would ignore their interrelationships. Because we offered a 12-hour multisession course, we had the opportunity to introduce all five focus areas, a luxury many shorter programs do not have.

For our curricula, then, we attempted to integrate the five foci: the need for adequate sexuality education to address conflicting feelings, the need for accurate information, the need for communication skills, the need to explore one's own attitudes and values, and the need to specifically address one's role as a sexuality educator. The courses we designed weave in and among these topics, revolve around the central issue of communication, and rarely leave the broad subject area of sexuality.

The curriculum guide for parents only (Volume III) presented 12 hours of instruction with the following format and goals:

Unit one, "Introduction to the Course" (2 hours).

- To help parents understand the broad meaning of sexuality.
- To help parents understand some of their own sexual attitudes.

Most of us carry a number of unexamined beliefs, attitudes, and values from childhood into adulthood. We continue to base adult decisions on our childhood understandings of what we experienced and what others taught us, without taking time to identify those assumptions and to examine them in light of new information.

Parents may be preoccupied with their own personal concerns and have difficulty focusing on their child's problems. Parents find that reviewing their own sex education and their feelings about it helps them become more accepting of their own difficulties in this area, and more accepting of their children's feelings.

Our society, however, has taught us it isn't polite to talk about sexuality -- for example, to speak explicitly about the sexual parts of our bodies. Parents who feel awkward or embarrassed talking to their children about sexuality will undoubtedly feel awkward or embarrassed talking about it with the other adults, who may be strangers, in a parent education course.

Our experience suggests that if parents' fears and anxieties are not addressed in the first session, many parents will probably drop out of the course; or if they remain, they may be too distracted by their own concerns to focus on issues related to their children.

This unit helps parents begin 1) to gain comfort talking about sexuality with others, 2) to discover their own assumptions, 3) to reexamine them, and 4) to hear and consider different points of view.

Unit two, "Sexuality Throughout Childhood" (2 hours).

- To provide parents with information about the physical, cognitive and psychosexual development of children.
- To provide parents with the important facts on various topics in human sexuality.

Each of us is a sexual person from the moment we are born. How we experience our sexuality and how we behave, changes as we grow and develop.

Children need and seek information about sexuality throughout childhood, but their questions and concerns change as they grow older, as does their ability to use concepts, to generalize, and to recognize nuances. Thus, parents who wish to teach their children about sexuality must be prepared in two ways. They must have, or be able to obtain, accurate information, and they must be able to ascertain what level or kind of information the child can really use.

The first half of this unit, by helping parents learn about the broad range of normal childhood behavior, can help parents accept and empathize with their own children's unique expressions and concerns. The second half concentrates on providing information where it is missing, incomplete, or inaccurate.

Unit three, "Sexuality in the Home" (2 hours).

- To help parents explore sexuality issues within the family.
- To help parents decide how they want to behave toward their own children regarding these issues.

Just as we carry a number of unexamined attitudes and values from childhood into adulthood, we also carry parenting styles. These automatic responses may or may not have worked for our parents and ourselves, and may or may not work with our children.

Parents often take a course like this because of current specific problems they are facing at home. Others attend because they anticipate problems. By this time in the course, parents will feel sufficiently comfortable talking about sexuality and sharing concerns with others in the class, to explore these concerns. Our experience indicates that if by this time, the course fails to address their

specific problems or concerns, parents may give up or become angry that their needs are not being met.

This unit provides a forum for parents: 1) to apply their sense of humor to and develop perspective about the challenges of raising and teaching children; 2) to raise their concerns and hear the range of ideas and approaches other participants suggest; and 3) to consider the lessons or principles children learn from various parental responses to their behavior.

Unit four, "Values" (2 hours).

- To help parents explore their values about sexuality issues.
- To help parents explore methods of imparting their values to their children.

Parents who want their children to understand and incorporate their values about sexuality must be clear about the values they want to communicate. Their task is especially difficult today because children are bombarded with information, misinformation, contradictory societal values and expectations. Children learn from television, popular magazines, movies, and advertising all around them that sex is fun and free and everpresent. Elsewhere, they are taught it is wrong and private. They also see contradictory views of male and female gender roles everywhere they turn.

This session helps parents explore their own values in greater depth so that they will be better able to discuss them with their children. Parents find it helpful to discover 1) that their values are respected by other parents and by the facilitator; 2) that other parents have different perspectives; and 3) that it is normal to have ambivalent or inconsistent values.

Unit five, "Communication Skills" (4 hours).

- To help parents develop basic communication skills for educating their children about sexuality.
- To help parents of adolescents develop skills for solving problems and managing conflicts.

In many families, topics and questions related to sexuality are rarely mentioned. Families are busy; the subject doesn't come up; everyone feels awkward; no-one quite knows how or when to begin; and some parents lack an effective language with which to communicate about sexuality.

For parents to communicate their values and teach accurate information, they may have to initiate discussions either by focusing upon the subject directly or by weaving it into another conversation. Their skill and comfort in doing this may increase the likelihood that their children will see them as a resource when they have questions or concerns or take seriously what they say.

This unit offers practical suggestions and guidelines to use when communicating with children, as well as an opportunity to rehearse these in a supportive atmosphere. In addition, these sessions can offer parents of adolescents specific guidelines for solving problems and negotiating strong differences with their children.

In some ways, this is a preventive approach which assumes that parents can prepare themselves. They can rehearse both how to teach and model effectively, and how to handle the problems which inevitably arise.

The curriculum guide for parents with their adolescent children takes a parallel path, but instead of parents working on issues and communication skills with one another, they have the opportunity to learn, practice and experiment directly with their children.

Site Selection

Eleven sites implemented the model curriculum. We used three criteria to select them:

- 1) First and most important, the site had to have at least one experienced parent sexuality educator who was genuinely interested in participating in the project. We contacted some educators because of their reputations; others asked to participate.
- 2) Second, the group of sites had to be diverse; they had to represent different racial and ethnic backgrounds, parents with children of different ages, parents with diverse socioeconomic statuses, and finally parents living in urban, suburban, and rural communities.
- 3) Third, the sites had to demonstrate the development of programs under realistic conditions. They should not have been embroiled in recent controversy over sexuality education for children, nor should they have already established an extensive comprehensive program.

The parent sex educators that were chosen to participate in this project attended a nine-day training workshop. The workshop focused primarily on enhancing knowledge and skills related to sex education in general, and for one day, exploring specific concerns of parents, educational approaches, and practical issues such as recruitment. As a result of this and other training experiences, we developed the training approaches discussed in Volume II.

We required teachers to devote 2 hours to each of the first four units and 4 hours to the fifth. Within that framework, they could choose activities from the curriculum most appropriate for their parent groups, and then discuss their course outlines with us. Each teacher then implemented the curriculum with one or two parent groups. One offered programs to two groups of parents and their adolescent children.

Program Participants

Because there was a serious question about what type of parents would attend such courses, we selected sites that would service different populations of parents. We treated sites equally when assisting them with recruitment. Table 11 depicts the population of parents that attended the courses implemented for this project. We were unable to collect demographic information on all participants because OMB clearance was necessary to administer the questionnaire requesting such information.

Previous research suggests that extremely few fathers discuss sexuality with their children. While the majority of participants in our programs were women, the

Table 11
Characteristics of Participants

	Percentage
SEX	
Female	70
Male	30
AGE	
25-34 years	39
35-44 years	37
45-54 years	21
55 years and older	3
RACIAL/ETHNIC BACKGROUND	
White, not of Hispanic origin	73
Black, not of Hispanic origin	17
Hispanic	9
American Indian or Alaskan Native	1
MARITAL STATUS	
Single	9
Married	80
Separated, Divorced, or Widowed	11
LIVING SITUATION ^{b,c}	
With own children of current marriage	95
With own children from previous marriage	8
Alone	5
FAMILY INCOME IN 1979	
\$10,000 and less	15
\$10,001 - \$20,000	20
\$20,001 - \$30,000	28
\$30,001 - \$40,000	14
\$40,001 and more	23
EDUCATIONAL LEVEL ^b	
High school graduate or less	31
Some college	25
College graduate	20
Some graduate school or degree	33
NUMBER OF CHILDREN	
One	17
Two	44
Three	24
Four or more	15
FREQUENCY OF CHURCH ATTENDANCE ^c	
More than once a week	17
Once a week	46
Once to three times a month	24
Less than once a month	14
RELIGIOUS AFFILIATION ^c	
Catholic	25
Jewish	3
Protestant	49
Other	14
None	0

^a N = 194.

^b Multiple responses reported.

^c Excludes parents from the Croghan site.

number of men that participated in this project far exceeds the numbers reflected in that research. Parents of different ages, with different aged children, with different sized families, with different religions, and with a wide range of income and education levels participated in this project. A greater proportion of minority parents took this course than are represented in the population. Most of the participants were married and lived with their own children of a current marriage. These results demonstrate that a great diversity of parents can be recruited for parent sex education courses, but most will come from intact homes.

Description of Sites

Site One. In New York City, Aurea Martinez and Arturo Del Pino conducted two programs with Hispanic parents in a local church. Ms. Martinez is a bilingual health educator at the Center for Population and Family Health at Columbia University. Mr. Del Pino is a bilingual counselor interested in community mental health.

Ms. Martinez and Mr. Del Pino used the same tactics to recruit parents for both programs:

- 1) They attended Mass at a local church for four Sundays. After the service they went to the coffee hour where the minister introduced them to the congregation with whom they spoke informally about the parent sex education program.
- 2) They gave two presentations at the bilingual P.T.A. meeting of a neighborhood high school.
- 3) They sent fliers to all parent members of the P.T.A.

The facilitators chose to offer the course immediately after the coffee hour on Sundays at the church, an arrangement they found convenient. A large number of parents attended from the church as well as a few from the P.T.A. Although the facilitators had explained that the course would be restricted to parents of 12-15 year olds, several parents who did not meet this qualification attempted to attend and were upset and disappointed to be turned away.

When asked to complete the pretest questionnaires, some of the parents responded negatively. Several manufactured excuses to leave and never returned. The facilitators speculate that these parents may have encountered difficulty reading the questionnaires even though they were translated into Spanish. Other parents expressed discomfort while completing the questionnaires. The next time she offers such a course Ms. Martinez plans to have an orientation session to develop relationships and promote sharing and trust among parents prior to asking them any questions or presenting specific sexuality content.

The facilitators focused primarily on helping parents become comfortable with the topic of sexuality. In comparison to other programs, more attention was given to the parents' feelings and concerns as adults, husbands, and wives and the influence of their own families than to their communication with their children. Ms. Martinez and Mr. Del Pino chose many activities from Unit I such as the "Journey," which they found successful with this group of Hispanic parents. They also presented informal lectures on adolescent development, anatomy, physiology,

reproduction, and birth control. Throughout the course, both leaders shared personal revelations about their own adolescence and about their current feelings and attitudes. They reported that this sharing seemed to be a crucial factor in the program's success. Very few films were used due to the limited availability of sex education films in Spanish. Since some of the parents in both groups had difficulty reading and writing, very few activities that required either skill were used.

Parents voiced much concern about the virginity of their daughters and the roles of men and women. In the last two sessions, parents practiced answering their children's questions about sexuality. Parents asked if their adolescent children could attend the last session so that they could talk together about sexuality. The children were invited to the last session and the facilitators responded to their needs by offering a short follow-up program to them.

Parents were very satisfied with the course. Some cried at the end of the program and wished that the sessions could continue.

Deep snow and poor heating in the church prevented some parents from attending sessions of the course held in the winter. Ms. Martinez recommends holding such courses in moderate weather.

Site Two. In Shreveport, LA, Sandra Cahn, a Public Health Educator with the Department of Health and Human Resources, conducted one program with parents of adolescents in a rural community.

The first program was organized in response to an Improved Pregnancy Outcome Task Force meeting in Minden, a rural community outside of Shreveport. One member of that Task Force, a parent who was employed by Webster Community Action Agency, became interested in organizing a parent sex education class and assumed most of the responsibility for recruitment. She contacted by telephone and home visits friends and acquaintances in Minden and the neighboring town of Doyline, described the program, and invited them to attend. She gave Ms. Cahn a list of interested parents to whom Ms. Cahn sent official letters of invitation to participate in the program.

The course was held at the Webster Community Action Agency -- the major social services site in this rural community -- for three weekly 4-hour sessions (4:30 - 8:30 P.M.). Babysitting and substantial refreshments (fried chicken and other snacks) were provided. Parents did not need the child care. They greatly appreciated the light dinner, however, as the course started right after work.

Participants in the course were Black parents of adolescents. The majority were married working mothers, some of whom had been teenage parents themselves. Most had high school educations or less. Ms. Cahn utilized an "active" approach to teaching this course. Although she presented occasional lectures, the majority of activities required active participation from parents. The group had demonstrated a concern about adolescent pregnancy, so Ms. Cahn began the program with an overview of this phenomenon, focusing on the extent (local statistics) and consequences of this problem. Parents had the opportunity to gain insight into the attitudes, feelings, and experiences of today's adolescents. She then helped group members 1) reflect on their own sex education, 2) examine own attitudes and feelings, 3) gain information about sexuality and 4) practice methods of communicating more effectively with their children.

Ms. Cahn adapted activities and added some to meet the particular needs of group members. For example, in the first session, she led a general discussion of

the importance of the course and the evaluation component, then asked the parents to sign a letter of commitment to the project. Their contract helped reinforce and crystallize the parents' commitment.

Ms. Cahn also changed the order of sessions and activities. She invited guest speakers (a nurse and a social worker) to present information on adolescent development and guidelines for communication. Bringing in outside speakers was particularly effective in this small community because it enabled parents to meet and talk with resource persons from community health agencies. They found this networking invaluable.

Site Three. In Washington, D.C., Pamela M. Wilson, M.S.W., a research analyst at Mathtech, Inc. conducted two programs with parents of young children from the Washington metropolitan area. Ms. Wilson is a professional social worker and AASECT-certified sexuality educator who was previously employed as a family life educator at Family and Child Services (F&CS) which agreed to provide their facility for the courses.

Ms. Wilson began the recruitment process 2 months prior to the starting date of the course by obtaining referrals from social workers at F&CS and other helping professionals in the Washington area. Two social workers at F&CS announced the course at staff meetings, posted eye-catching fliers around the building, and sent fliers to all parents who had attended parent education programs in the past. At the same time, Ms. Wilson sent fliers to other helping professionals in the community, enclosing a personal note to those she knew. Two weeks later, she called various colleagues and asked them for referrals. Ms. Wilson also announced the courses at meetings and workshops. Ms. Wilson then contacted each potential parent participant to explain the goals and format of the course and the importance of the evaluation procedures. During these conversations, she asked each person to recommend friends or acquaintances who might also be interested in the course. This approach was very time-consuming. By the time the first course began, 18 people had confirmed: 4 married couples, 1 father, 8 mothers and 1 future parent. Two college students were hired to provide child care which enabled four women to attend who wouldn't have come otherwise.

The course was held on six consecutive Thursday evenings from 6-8. Everyone except three fathers had had some prior contact with the facilitator. This group was extremely heterogeneous with 8 White and 10 Black parents. Although most were employed in white-collar positions -- teachers, corporate managers, government employees, secretaries -- there was quite a discrepancy in knowledge. About half of the group was knowledgeable about child development theories and sexual and reproductive functioning. The other half of the group needed and desired such information. Ms. Wilson indicated she would have preferred to screen candidates to determine their knowledge of sex-related information in order to conduct courses with homogeneous groups, but the participant group was too small to split into two groups.

In general, Ms. Wilson chose relatively conservative activities and followed the curriculum format. Participants rated the session on communication skills as least helpful -- apparently because the Method I presentation of Parent Effectiveness Training concepts was too much material to grasp in one session. They rated the sixth session in which they practiced beginning conversations and answering questions as most helpful. Ms. Wilson recommends expanding those segments in future courses.

The second course was also conducted at F&CS, with participants largely referred by the first group. All of the participants were Black, mostly young professionals -- single parents and couples with both parents working. Because parents were uninhibited and willing to share, Ms. Wilson chose more "active" teaching approaches. She had determined in an informal needs assessment that these parents needed a review of sexual information and used the "Journey" in Session 1 to help parents remember what they had been taught about sexuality. At parents' request, she used the Terminology activity from Unit V in the curriculum at parents' request, but did not present reflective listening and "I-Messages." Instead Ms. Wilson asked participants to practice initiating conversations and answering questions related to sexuality.

The second group quickly developed strong bonds. Homemade refreshments and free child care added to the appeal and convenience of the group. Most parents attended every session, although a few were consistently late. The parents looked forward to the weekly session for information and sharing among their peers. They asked for a follow-up session, volunteered to supply the refreshments, bought a gift, and made an award naming Ms. Wilson "The World's Greatest Sex Educator."

Site Four. In Spencerport, NY, Father Matthew Kawiak and Susan Sullivan conducted two weekend retreats with Catholic parents. Matthew Kawiak, a Catholic priest and associate pastor at St. Stanislaus Parish in Rochester, NY, holds a Ph.D. in marriage and family studies and is an AASECT-certified sexuality educator. Ms. Sullivan teaches at the St. John Evangelist Parochial School in Spencerport where she helped develop human sexuality curricula.

Father Kawiak and Ms. Sullivan began planning the programs almost 6 months in advance. They chose the Spencerport Parish because they were both well known there, obtained permission to conduct the program, and set dates in early Fall, taking care not to conflict with other activities. The leaders chose to offer the course in a weekend retreat, a traditional familiar format for Catholic education.

Active recruiting began 5 weeks before the initial retreat date. The leaders posted colorful posters around the parish and distributed an easy-to-read, attractive flier with each church bulletin. One of the two neighboring parishes they asked to assist agreed to also display posters and distribute pamphlets. Four weeks in advance one of the leaders visited each classroom of the parish school to encourage children to invite their parents to the retreat. The leader gave the children fliers to take home. Fliers were also distributed to children in the parish school of the nearby cooperating parish. In addition the leaders arranged for:

- a printed announcement in the home-parish bulletin each week before the retreats;
- lector announcements each Sunday prior to the retreats urging people to seriously consider the retreat;
- a personal written invitation to all parents of the parish;
- mailings to parish leaders throughout the diocese;
- short presentations to a local Catholic youth congress; and
- a presentation at an open house meeting of all parents of school children in the target parish.

The limit of 30 parents was reached 1 week before the date of the first retreat. The leaders continued to run the bulletin and lector announcements in order to recruit for the second program. They called registrants to personally

welcome them to the retreat program, to answer any questions, and to explain the research component of the programs.

The leaders independently prepared workshop packets containing 30 pieces of literature obtained free or at low cost from Planned Parenthood, Birthright, and Right to Life agencies and 45 worksheets to be used during the workshop. A local business provided free copying services.

Each retreat began on Friday evening with a session from 7-10:30 and continued on Saturday from 9 to 9. The sessions were held in a large room in the basement of the parish rectory, a familiar and comfortable place for most of the parishioners. Volunteers in the parish prepared and served meals in the adjoining kitchen. Snacks and drinks were available at all times; lunch and dinner were served on Saturday. The leaders indicated that the availability of food added to the informal home-like atmosphere. The sit-down festive dinner during the first retreat was successful in continuing the "family atmosphere." Parents assumed full responsibility for finding child care. In a few instances, parents who registered for the first retreat swapped child care duties with parents who registered for the second program.

Since this program was sponsored by a Catholic organization, the content was adapted to reflect Catholic values. The leaders added time for prayer and discussion of Catholic moral values; the class hours totaled 15 instead of 12.

The leaders used a combination of lecturing, discussions, audiovisuals, and roleplaying to help parents become more effective sexuality educators. In both groups, the leaders emphasized information about sexuality and communication skills. On the first night they focused on helping the group become cohesive, finding out what expectations parents had, and discussing sexual myths and fallacies.

On the second day, the 12-hour session covered sexual development, anatomy and physiology, sexual terminology, and techniques for dealing with situations at home. The group practiced discussing sexuality with children. The first group indicated that roleplaying was the most helpful part of the program and the talks on child development and morality were next in importance. Some parents expressed frustration over the 12-hour session on Saturday, although 12 of the 30 participants stayed an additional hour to view and discuss three more films.

In response to the feedback, the leaders decided to spend more time on child development and morality during the second workshop.

Parents attending the second workshop were less cohesive than those in the first group. The leaders attribute this phenomenon to the participants' divergent needs and to one person who was openly hostile to the subject and the leaders. Several parents expressed concern about the use of material from Planned Parenthood, an organization that supports the right to abortion. The participants who were devout Catholics wanted to do their best as the sex educators of their children, but feared using material opposed to their Catholic teachings. In retrospect, the leaders recognize that this is a problem and state the need for more written materials with a Catholic orientation. The parents who were looking for guidance from the Church leadership appreciated hearing how the Gospel of Jesus applies to their sexual lives.

Father Kawiak and Ms. Sullivan reported that small things added to the success of the workshops. 1) They were serious and professional, but also made a point of bringing humor and a sense of joy to the retreat. 2) They used a brief activity they called "Daddy...Daddy...Daddy!" as a filler between activities. In this

activity, one leader would assume the role of child, the other of parent, to demonstrate a brief discussion on sexuality. In one case, the child asked, "Daddy, Daddy, Daddy...Does it hurt to have a baby?" Each time, the "parent" responded either appropriately or inappropriately and invited discussion from participants. 3) Parish volunteers made a green felt banner showing the logo and title on the retreat. Parents wrote their names on white hearts which were later taped to the banner and displayed prominently throughout the retreat. 4) A bible was placed on a small table with tablecloth and candle to signify the importance of the Word of God. At the end of the retreat parents were asked to write letters of commitment stating the ways they intended to communicate more openly with their children about sexuality. These letters were mailed back to the parents 2 months after the retreat.

Site Five. In Washington, D.C., three helping professionals from the Psychiatric Institute (PI) -- Judy Lansing, M.S.W., Claudia Miller, M.A. and JoAnn Seymore, M.A. -- conducted a course with parents of young troubled adolescents. Most of the adolescents were clients at PI, a private mental health organization in Washington, D.C.

Therapists at PI were asked to recommend parents for the course and a flier was sent to everyone on the PI mailing list. However, recruitment was a slow process. Few parents were referred and many of those who were referred could not make time for the course. Many of the parents were already burdened with therapy sessions with their child.

The class met twice for 3 hours and once for 6 hours. The facilitators took a conservative approach with this group of parents. They utilized many lectures and films and a few small-group discussion activities. In the first session the leaders focused on setting the tone for the course -- learning the expectations of the parents, offering a broad definition of sexuality, and establishing an open framework for discussing divergent attitudes. They also presented a lecture on sexual development through childhood. In the second session, participants received factual information about anatomy and physiology and appropriate sources of this information, discussed their attitudes toward a variety of sexual topics, and listed values that they wished to transmit to their children. The third session focused on communication skills; parents practiced reflective listening, giving "I-Messages," and answering their children's questions about sexuality.

Although many "passive" activities were chosen, parents reacted enthusiastically to such discussion activities as "Who's Responsible?" in Unit IV. The facilitators combined Methods I and II when teaching communication skills during the 6-hour session. If they repeat such a course, they agreed they would introduce the concepts of reflective listening and "I-Messages" earlier. This group of parents, already experiencing many problems with their children, particularly appreciated these techniques.

Site Six. In Sacramento, CA, Margaret Fjelstad, Ph.D. and Gregory Putzka, M.A., a husband and wife team, offered two programs to parents and their puberty-aged children. Both teachers are very experienced sexuality educators, Dr. Fjelstad with parents and Mr. Putzka with adolescents. Both were previously employed by Planned Parenthood of Sacramento where they conducted separate programs for adolescents and for parents; they have now established a nonprofit education and counseling firm, Threshold.

Dr. Fjelstad and Mr. Putzka initially attempted to recruit families through a relatively large-scale media campaign: 1,500 newsletters to contacts, past participants, and schools; and 60 news releases to the media. They were both well known in the community from their previous work and therefore expected a good response. They received only 10 responses. Even after personally contacting each family registered for the course, however, only three families attended the first session. When it became apparent that the group was too small for a worthwhile experience, the program was terminated. Their experience is similar to others who have used this broad recruiting approach: the group lacks commitment and cohesiveness.

The educators then chose to recruit through established groups. They contacted churches in the Sacramento area, met with representatives of three churches, and selected two of these to offer their courses. Recruitment for both of these courses was successful. At each church a contact person recruited families for the course; fliers describing the program; and the pastor discussed the program at church meetings and individually with congregants.

The first course was held at a White, middle-class Presbyterian church. The pastor who projects a conservative, nonthreatening image yet is also innovative, open, and energetic played a major role in recruiting parents and setting an image for the program. The educators felt his personality and position in the church influenced the program.

Participants included construction workers, businessmen, secretaries, a school principal, and full-time housewives -- 5 couples, 3 single mothers and 12 adolescents in all. The newly-hired teen leader also registered for the course, partly to learn, and partly for the opportunity to become more familiar with congregants and to actively join the church. The educators described the participants as close-knit. Parents knew each other socially and were active in their church for many years. A number met for dinner before sessions. The children also knew each other well, having participated together in church excursions and other activities. The educators reported that families visibly cared for each other. In their words, there was a "spirit of coparenting."

The course began with a 1.5-hour orientation session. The educators carefully reviewed the evaluation procedures. While one facilitator helped the children read the questionnaires used in the evaluation, the other discussed with parents their goals and interests for the course. Following the orientation session, the course met for five consecutive Wednesday evenings for 2.5 hours each evening.

The first session set the tone for the course. The warm-up activities led to a discussion about communication skills. Discussing parents' sex education was very important. The adolescents appeared to appreciate their parents more after hearing accounts of their childhood experiences.

The educators adhered to the order of topics presented in the curriculum. They used a combination of active and passive activities, but tended to use the more active. Because of their self-confidence and the cohesiveness of the group, the educators used more challenging activities.

The second course consisted of four couples, four single mothers, and seven adolescents. The course was held at a White, upper-middle class, Episcopalian church. Participants included businessmen, salesmen, nurses, full-time housewives, and the pastor and his wife.

The course met for four 3-hour evening sessions in the sanctuary of the church. While the church was new, it was very large, cold, and uninviting.

The 2-hour orientation session revealed that parents were expecting the course to focus more on communication, for the pastor, who had played a key role in recruitment, did not emphasize sexuality issues. The educators reported that parents' unmet expectations might have been avoided had they personally contacted each family before the course began. As a result of their experience in the orientation session, the educators decided to deviate slightly from the curriculum by introducing values and family communication before providing factual information.

General experiences. Dr. Fjelstad and Mr. Putzka selected diverse activities and grouped participants in various ways, sometimes separating parents and adolescents, sometimes forming parent/adolescent pairs. Participants experienced many different interactions and were able to receive information and feedback from a variety of different avenues. The educators found the diversity and variations a distinct advantage. Since participants learn in different ways and may be able to receive feedback from one subgroup but not another, the variations were critical for learning.

The educators also provided babysitting, snacks, and homework assignments -- factors they felt influenced the course atmosphere and ultimately the success of the course. While no one needed the babysitting service, a number of parents expressed appreciation that it was offered. Parents felt that the educators understood that attending a course was an additional burden and saw that they were willing to make it easier for families to attend. Bringing fresh, colorful fruit prompted families to volunteer to take turns bringing snacks from home. The sharing and the sense of being cared for helped create a congenial and inviting atmosphere. Families also enjoyed the homework assignments which gave families the excuse to do something together without parents or adolescents feeling they were intruding on each others' lives. The educators speculated that participants' conscientiousness about completing homework assignments was partly due to parents feeling a need to set a good example for their children.

The major problem that surfaced during the parent/adolescent course was that because puberty-aged children can be at such different stages of physical and social development, issues relevant for one family may not be relevant for another. The educators suggested offering separate courses: one to early puberty or less mature adolescents and their parents and another to mature adolescents and their parents.

Site Seven. In Croghan, NY, Martilias Porecca, M.A., a priest, conducted two programs with Catholic parents. Although he was not an experienced sexuality educator, he had conducted other types of educational programs and had attended a 9-day training program supported by Federal funds sponsored by Mathtech.

Porecca convened a small group of respected women in the church who had indicated interest in sex education for parents. This group assumed most of the responsibility for recruitment. They developed a list of parents of younger children, placed notices describing the program in the church bulletin, and contacted parents individually. Through these contacts, they recruited approximately 13 parents for the first course and 15 for the second course. Most of the participants were couples; more women than men attended.

Both courses were held for six 2-hour sessions. The leader used some informal lectures but primarily used activities which provoked discussion of attitudes and

values that parents wished to transmit to their children. He also conducted activities during which parents could role play beginning conversations and answering questions about sexuality. Although all participants were Catholic, the leader did not present religious attitudes toward sexuality. Parents expressed such extreme discomfort when asked to discuss sexual terminology that the leader decided to move on to another topic. The course completely avoided the issues of birth control and abortion. For the most part, parents responded very favorably to the course.

Site Eight. In Falls Church, VA Mary Lee Tatum, M.A. and Sharon Alexander, Ph.D. conducted two programs with parents of students enrolled in Ms. Tatum's life science course at George Mason Senior High. Ms. Tatum has recently received national acclaim for her human sexuality courses and has trained many other sexuality educators. Since parents in Falls Church have been included in planning the course, most parents wholeheartedly support the program and have responded favorably to Ms. Tatum's course offerings for parents of her students. Dr. Alexander directs a human sexuality project for the National Association of State Boards of Education in Washington, DC.

Ms. Tatum sent letters of invitation to parents of students in her classes and received registrations from 20 parents for the first program, 13 for the second. In many cases, parents indicated that they had heard such favorable comments about the sexuality program for their children that they were eager to work with Ms. Tatum themselves.

The first course was held in five 2.5-hour sessions, the second for 4 hours on three consecutive Saturdays. In both courses, the facilitators focused on helping parents 1) understand the history of how Western civilization has dealt with sexuality and how our society deals with it today; 2) understand adolescent development, 3) think about the sexual values that they wished to transmit to their children, and 4) practice actually discussing these issues with adolescents and others parents. At the same time they worked on basic communication skills -- listening, reflective listening, using "I-Messages," and problem solving. The facilitators encouraged parents to practice communication skills during each session.

Most of the parents were fairly knowledgeable about basic reproductive anatomy and physiology, but were interested in information on adolescent development and how to communicate about sex-related issues. The facilitators used a combination of lecture, discussion, and small group activities to achieve their goals. In both courses, adolescents were brought in for one session to provide an opportunity for parents to discuss sexuality with them.

Both groups of parents consisted of single parents and couples, and more mothers than fathers. Although babysitting services were unnecessary, the leaders provided attractive snacks at each session. The sessions held in the evening seemed to be more convenient for parents than those held on Saturday. Nevertheless, parents in the Saturday course were so pleased with the program that they continued to meet as a support group for several sessions without the facilitators.

Site Nine. In Philadelphia, PA Sheila Walker, M.H.S. and Susan Afriat, M.Ed. -- both trainers at CHOICE, a comprehensive women's health educational center -- conducted two programs with parents of young children.

For both programs, Ms. Walker and Ms. Afriat chose preformed groups -- the first at a preschool program and the second at a maternity center.

Group 1: The staff at the preschool program 1) posted fliers in the center; 2) sent fliers to all parents; and 3) talked with individuals whom they thought would be likely candidates for the course. Fifteen parents registered for the course, mostly single working mothers, both White and Black.

The course consisted of seven, 2-hour sessions. Facilitators chose "active" teaching strategies; they combined a few brief lectures with many structured small group experiences. The first session provided an opportunity for parents to get to know one another and the facilitators and to discuss the ways they learned about sexuality. In later sessions, participants received factual information primarily via audiovisuals, discussed their sexual values, and practiced answering their children's questions.

This group tended to be less cohesive than the facilitators expected. By the end of the course, only six parents were attending. The facilitators attribute this to the parents' marginal connection with and commitment to the preschool program.

Group 2: Staff at the maternity center published a notice for the course in their newsletter and as a result of that single notice, 21 parents including 6 couples registered for the course. This setting had the advantage that young parents committed to preparing themselves as effective parents already attend programs regularly.

This group was conducted in seven weekly 2-hour sessions and utilized the same outline. The facilitators reported that in this second course, they felt freer to adapt individual activities to their own training style and were, therefore, more relaxed leaders. They also presented the values section earlier in the program and, in fact, expanded this component. All 21 parents completed the course.

Site Ten. In Newtown, PA Konstance McCaffree, Ph.D. -- an experienced AASECT-certified sexuality educator who teaches human sexuality at Council Rock Senior High and who has conducted programs with parents for the last 6 years -- conducted two programs with the parents of students enrolled in her human sexuality courses. Russ Van Camp and Cynthia Romanowski, also human sexuality teachers at Council Rock High School, helped to facilitate several of the sessions during the two Mathtech courses.

Dr. McCaffree assumed sole responsibility for recruitment for both courses. She sent letters describing the course to parents of students in the 11th and 12th grade health education and human sexuality classes and announced the course during "Back to School Night" in the fall. Over 20 parents registered for each of the courses, all of whom were White and had at least a high school education; many had college and advanced degrees. Approximately half of the participants were married couples.

The course was held for 7 consecutive weeks for 2-hour evening sessions. Prior to the first session, Dr. McCaffree fully explained the importance of the evaluation to parents. Then at the beginning of the first session, she distributed the pretest materials and answered questions about the procedure. Throughout the project, she demonstrated a sincere commitment to the evaluation.

Dr. McCaffree focused on facilitating group interaction among parents and took an "active" teaching approach; she presented few lectures. Instead she frequently used a brainstorming technique which acknowledges that parents already have information about topics such as child development. Dr. McCaffree reports that this format worked extremely well with the parents in her community. She used the model curriculum flexibly, added a few new activities, and adapted several others. In general, she treated the parents as independent learners by 1) giving a lot of homework most of which was to be completed with children and 2) taking time to fully discuss these activities at the next session. Dr. McCaffree expected participants to complete their homework every week and in most cases they did. She recommended that parents take home extra copies of activities and handouts to compare their ideas and opinions with their children. In this way, she facilitated concurrent communication between parents and teenagers.

Parents were asked to bring an adolescent to one of the last sessions. Most of the adolescents already had a positive relationship with Dr. McCaffree and parents seemed to appreciate having a skilled professional work with them and their children at the same time. Parents praised this session highly and have asked for more.

Dr. McCaffree found the problem-solving activity "Situations" from Unit III effective and recommends that more time be spent with that type of activity. She also reported that the role playing activities in Unit V provided valuable opportunities for parents to practice communicating about sexuality.

Partially because the abortion rate in her community is high, Dr. McCaffree conducted the activity in Unit IV dealing with abortion. The ensuing discussion was heated, but parents reacted positively to having a safe forum to discuss such a controversial issue and to learn their children's attitudes.

Site Eleven. In Memphis, TN Dorothy Mayes, M.A., R.N. -- a skilled sexuality educator who has graduate training specifically in human sexuality -- conducted one program with parents of 7-11 year olds. As an employee of Planned Parenthood Center of Memphis, Ms. Mayes had worked in the public school system, with both children and their parents. She drew on her relationships with staff in the public school system, and arranged for a counselor in an elementary school to recruit parents for this program.

The counselor sent notices to parents and personally contacted a small group of parents who were likely candidates for the course. This process was only marginally successful. Less than 15 parents registered for the course and attendance was not consistent throughout the program. The parents who attended were predominantly Black working mothers although some fathers did attend. Many of the parents were Baptist and held strong religious beliefs which they discussed frequently throughout the program.

The course included an orientation session and six weekly 2-hour sessions. It was held in a comfortable room in the elementary school. Ms. Mayes combined equal numbers of "passive" and "active" teaching activities.

Parents in this group were somewhat hesitant and uncomfortable sharing their ideas and feelings. For example, the group was initially very quiet during the warm-up activity in the orientation session. The facilitator encouraged them and offered some personal revelation until parents gradually began to participate actively. Group members seemed to dislike the activity "Using Resources" which required them to work independently in small groups to answer a list of knowledge

questions by searching for answers in a variety of books and pamphlets. They did, however, respond favorably to the film, "Then One Year," which was another vehicle for giving factual information.

Ms. Mayes successfully taught the communication skills, reflective listening and "I-Messages." She reported that the parents revealed feelings and attitudes freely during these activities. The parents also indicated that these techniques would be helpful for improving communication with their children.

Ms. Mayes indicated it had been important to recognize and respect the parents' religious values by weaving them into discussions.

Chapter 5

EVALUATION METHODOLOGY

We designed the evaluation to achieve three objectives: to assess whether at the end of a program using the model curriculum parents reach adequate levels of knowledge, attitudes, and skills to be sexuality educators of their children; to assess whether the courses cause significant changes in knowledge, attitudes, and skills; and to test the relative validity and feasibility of various evaluation procedures. The foundation for the evaluation was derived from an earlier report to the Centers for Disease Control, An Analysis of U.S. Sex Education Programs and Evaluation Methods (Kirby et al., 1979). That report describes the rationale and procedures for the evaluation methods used in this study.

Briefly, we developed the questionnaires after a literature search revealed no appropriate instruments. After conducting a needs assessment (see Chapter 4) which identified the particular aspects of knowledge, attitudes, and communication behavior that were most important for a course to address and, subsequently, most important to evaluate, we developed, reviewed, and pretested the evaluation instruments within Office of Management and Budget (OMB) regulations.

We administered the questionnaires to nine parents who completed them and made suggestions. We then added, deleted, and modified questions and repeated the process with a second and then a third group of nine parents. In addition, a sexuality educator who had previously evaluated communication skill acquisition in a parent sexuality course reviewed the Family Communication Questionnaire and each teacher reviewed all of the instruments; again we incorporated additional modifications. Others experienced in program evaluation and parent sexuality education also reviewed the questionnaires. Finally, we conducted a statistical analysis of the knowledge and attitude inventories to remove bad items and pretested the final instruments with small groups of respondents.

We assessed changes in parents' knowledge, attitudes, and communication skills using pretest, posttest, and delayed posttest questionnaires and pre/posttest audiotape recordings. Changes revealed by these methods can be attributed to the course since all courses were completed in 6 weeks or less and family knowledge, attitudes, and communication would most likely not have changed if they had not participated in the program. We evaluated the impact of the course at the end of each program and we reevaluated the impact of the course 10-14 months later. In the two courses which included the parents' adolescent children, the children completed all of the pre/post and delayed post questionnaires except the Attitude Questionnaire (Table 12).

Instruments

Knowledge Inventory. The Knowledge Inventory consisted of two parts. The first part provided 29 multiple-choice questions on topics rated extremely important on the needs assessment:

Table 12
Schedule for Administering Evaluation Procedures

Measurement	Pretest	Posttest	Delayed Posttest	Follow up
Knowledge Inventory	Parents/ Adolescents ^a	Parents/ Adolescents ^a	Parents/ Adolescents ^a	
Attitude Questionnaire	Parents	Parents	Parents	
Family Communication Questionnaire	Parents/ Adolescents ^a	Parents/ Adolescents ^a	Parents/ Adolescents ^a	
Course Evaluation Questionnaire		Parents/ Adolescents ^a		
Course Impact Questionnaire				Parents
Audiotape of Family Conversations	Parents	Parents		

^a We obtained an insufficient number of questionnaires to analyze changes for adolescents.

- 1) Effects of knowledge on behavior
- 2) Puberty and developmental sex differences
- 3) Reproduction and probability of pregnancy
- 4) Truths and myths about sexual behavior
- 5) Contraception and abortion

Previous studies suggest that multiple-choice questions are the most appropriate format for testing adult factual knowledge (Thorndike, 1971). Where possible, we used questions from existing questionnaires, then supplemented these with new questions.

The second part of the Knowledge Inventory asked respondents to match 24 sexual words with their definitions. To make the matching task manageable, the words were divided into two groups: 13 words related to sexual behavior and contraception, and 11 words related to anatomy and reproduction.

Set 1: abortion, abstinence, conception, condom, diaphragm, douche, ejaculation, homosexual, masturbation, menstruation, nocturnal emission, orgasm, and sexual intercourse.

Set 2: clitoris, embryo, fetus, genitals, penis, scrotum, semen, testicles, urethra, uterus, and vagina.

Family Communication Questionnaire. We developed two questionnaires to assess change in communication behavior -- one for parents attending a course without their children and an expanded one for those attending with their children. Both ask questions about communication frequency and the parents' general communication habits with five possible responses: 1 = never, 2 = sometimes, 3 = half the time, 4 = usually, and 5 = always. Both questionnaires also asked participants to agree or disagree with statements about family communication using a 5-point Likert scale from 1 = strongly disagree to 5 = strongly agree. The questionnaire administered to participants in parent/adolescent courses included additional questions about the child's communication behavior.

Attitude Questionnaire. We developed the Attitude Questionnaire to assess the course's impact on parents' beliefs. The questionnaire consisted of two sets of Likert-format items. The first set attempted to ascertain how clear participants were about their personal values regarding five topics: gender roles, acceptable behavior at different ages, personal sexuality, contraception, and abortion.

Assessing the impact of a program on the clarity of parents' attitudes was extremely complex. The model curriculum emphasized the importance of parents feeling free to express their values and attitudes without pressure to conform either to the teacher's or to other participants' values and attitudes. We wanted to support this nonjudgmental atmosphere and to avoid conveying a message that we were testing parents on their attitudes, or that we considered some attitudes right and others wrong. For evaluation purposes, we were not interested in knowing what parents believed, but were interested in knowing how clear they were about what they believed. Therefore, the items for the questionnaire required careful wording. For example:

"Some people think that the traditional roles of men and women should be honored; other people think the roles ought to change with the times."

"Some parents think that children's curiosity about their bodies is natural; other parents think it is unhealthy and should be strongly discouraged."

The first set of nine parents were asked "how much thought" they had given to each particular issue. However, parents would report on the questionnaire that they had given little thought to an item which they later explained they felt quite clear about. Since it was not our purpose to have parents rethink those values that were already clear to them, we redesigned the questions.

Finally we settled on asking parents how clear they were on particular issues. Being careful not to bias the questions, we asked parents to rate items on a scale from 1 to 5: 1 = not at all clear about an issue and 5 = very clear about the issue.

Once the data was collected, it became apparent that the results were invalid. First, many parents were confused by the task. They seemed to want to take a stand rather than rate their clarity on the issues. Second, we realized that giving higher scores for greater clarity seemed judgmental; we may have seemed to be promoting rigidity. In the model curriculum we do not preach, "You must take a stand." Rather, we encourage parents to know themselves and to express their attitudes honestly to their children, even when attitudes are inconsistent with one another. Because we could not surmount these problems and because of time and OMB constraints, we finally abandoned our attempts to assess change in the clarity of parents' values and attitudes.

The second set of attitude items addressed the basic values that the program itself attempts to convey -- values which are believed to be necessary for parents to be effective sexuality educators of their children:

- A child has a right to opinions.
- A child has a right to discuss sex with parents.
- A child has a right to knowledge about sex.
- A child should not be punished for sexual feelings.
- A child has a right to privacy.
- Parents have a right to express feelings and attitudes about sexuality to their children.
- Parents do not have to be experts about sexuality.
- Parents have a right to privacy.
- Both mothers and fathers who are involved with child rearing should play an active role in the sexuality education of their children.

In the curriculum we call these attitudes the Bill of Rights. For the evaluation they represent attitude scales which were each tested by a cluster of several items.

The questionnaire posed statements which the parents were to rate on a scale from 1 to 5: 1 = strongly disagree to 5 = strongly agree. For example:

"Even though their opinions may not be the same as mine, my children have a right to hold their own opinions about sexual values."

We used an iterative process to create multi-item scales or indices. We did a separate factor analysis on each cluster of items that were theoretically supposed to measure the same underlying dimension and be in the same domain. We then removed the item with the lowest factor loading and repeated the factor analysis. We continued this process with each cluster of items until we had the desired number of items (Table 13).

Table 13

Loadings of Nine-Factor Solution: Attitude Questionnaire^a

Item	Factor								
	I	II	III	IV	V	VI	VII	VIII	IX
It is important for my children to formulate their own opinions ^b	.62 ^c								
I listen to my children's opinions only when they know what they're talking about	-.47								
All members of family must agree on all issues	-.31								
My children have a right to their opinions about sex	.28								
Complete, accurate knowledge about sex is better than bits and pieces children normally pick up		.68							
Knowledge about human sexuality doesn't hurt people		.63							
Children have a right to know as much about sex as they are capable of understanding		.60							
Even if my children are curious, I don't want them to know the facts of life		-.53							
I would answer my child's question about sexuality even if I have to search for an answer		.42							
Children should be stopped from asking questions about sexual activity			.90						
If children's questions about sex were specific I would cut off the discussion soon			.53						
If a child has a question about genitals, I would try to find someone else to answer it			.50						
Children should talk about sex only when the issues are first raised by their parents			.49						
Children have a right to know how their parents feel about sexual issues			-.43						
When a boy has a wet dream, he should be punished				.74					
Parents should punish children for having sexual feelings				.63					
It is unnatural for children to talk about their sexual feelings				.55					
Teenagers hide their lives from parents, and it is parents' duty to find out as much as they can					.63				
Parents have the right to know about their adolescents' sexual activities					.53				
Children's diaries and letters should not be read by parents even if left out					-.49				
If children wanted to be left alone, I usually would					-.41				
When parents feel love or anger toward their children, they should show it						.61			
When parents find children's behavior too sexual, they should let them know						.58			
Even if children disagree, parents have a right to express attitudes about premarital sexual intercourse						.51			
Parents should tell their teenagers what is the proper time for dating and acceptable sexual behavior						.32			
If parents aren't sure of values, they should not talk about them with their children							.48		
Knowing right answers guarantees parent will be a good sex educator							.47		
Parents do not have to be experts to be good sex educators							.45		
It is important for parents to listen to child's questions about sex, even if parents don't know							-.36		
Parents have a right to close bedroom door								.72	
What parents do in the bedroom is not children's business								.50	
If parents choose, they have a right to spend time away from their children								.38	
Both parents should be responsible for the sex education of their children									.71
Even though not equally comfortable, both parents should talk to children about sex									.58
Even though a child is more comfortable discussing sex with one parent, both parents should be involved									.54
Only mothers should be responsible for sex education									.53

^aN=169.^bItems are rephrased for brevity.^cDecimal points are omitted.

For the t-test analysis of pretest/posttest scores, items were weighted using their factor loadings. The reliability of the scales were analyzed using Cronbach's alpha (Table 14). These coefficients are acceptable, but not high, and demonstrate the need to refine the questionnaires.

Course Evaluation Questionnaire. The Course Evaluation Questionnaire asks participants to rate the teacher and the class atmosphere on characteristics that experts had rated as important for a successful parent sexuality education course. The first section uses 5-point Likert items with 1 = not at all and 5 = a great deal; the second uses a combination of open-ended and Likert-type items to assess the content of the course. The response scale on the second section was 1 = poor to 5 = excellent.

Course Impact Questionnaire. A final questionnaire which was distributed to participants near the completion of the project asks participants to give their perception of change as a result of taking the course. Using three sets of 5-point Likert scales, questions cover gains in knowledge, communication skills, comfort, and support of particular values. A final open-ended question asks participants to describe any additional changes they have observed in themselves which they feel are a result of the course.

Audiotape recordings. The Family Communication Questionnaires offered families' perception of their conversations. We hoped to measure communication in a second more objective way by having parents tape record, both before and after the course, 15-minute conversations about sexuality with their children. The audiotape analyses are not included in the report of results of the evaluation because 1) many participants did not tape their initial conversations until after the course was well underway; 2) many families did not complete both tapes; 3) even though we trained the raters, their interrater reliability did not meet scientific standards; and 4) the validity of the data was questionable because staged conversations may not accurately represent family communication (in one extreme case, family members read into the tape from a script).

Assessment of Change in Parents' Scores and Adequacy of Their Scores

Much of our analysis focused upon the change in pretest, posttest, and delayed posttest scores. These changes provide evidence for the impact of the course because of the relatively short duration of the course and the normal stability of parents' knowledge, attitude, and communication patterns. However, some groups of parents begin a course with a high level of knowledge and skills needed to be effective educators of their children. While the t-tests of their pre/posttest scores would not indicate significant increases in these areas, that lack of increase would not suggest that more attention be given to these areas. Instead, parents' initial high scores would indicate that they already had sufficient knowledge and that more time could be devoted to areas where they had not achieved minimum levels of competence to be adequate or effective sexuality educators of their children.

Conversely, it is possible for parents to become more competent in some area as a result of a course without reaching a minimum level of competence to enable them to adequately educate their children about sexuality. If this occurred, we would conclude that even though the course was having a positive impact, more in-depth instruction was necessary to help parents become adequate sexuality educators of their children.

Table 14
Reliability Coefficients for Attitude Scales

Reliability Coefficients ^a	Scales
.42	A child has a right to have opinions
.69	A child has a right to discuss sex with his/her parent(s)
.56	A child has a right to sexual knowledge
.63	A child shouldn't be punished for his/her feelings
.54	A child has a right to privacy
.52	Parents have the right to express feelings and attitudes about sexuality to their children
.46	Parents don't have to be experts on sexuality
.50	Parents have a right to privacy
.52	Mothers and fathers involved with childrearing should play an active role in the sex education of their children

^aCronbach's alpha.

Therefore, after we developed the questionnaires, we established minimum levels of achievement for parents to be "adequate" sexuality educators or "very effective" sexuality educators of their children. Sexuality education experts, some with special expertise working with parents, reviewed the questionnaires to identify the minimum levels of information, support of values, and communication skills that parents of 3-11 year olds and parents of 12-18 year olds need to become "adequate" or "very effective" sexuality educators of their children.

Chapter 6

RESULTS

This chapter discusses the characteristics of the sample, the impact of the program upon knowledge, attitudes, and communication skills, and the participants' evaluation of the course. Some experts recommend that an evaluation be conducted by an outside organization or consultant. We chose to use the assistance of teachers because their rapport with participants increased parents' commitment to the evaluation. Questionnaires were coded and teachers did not have access to the code; therefore, the identity of respondents remained confidential. In addition, most questionnaires were returned directly to Mathtech.

Characteristics of the Sample

Some parents who participated in the program did not participate in the evaluation. Some completed some of the questionnaires and not others. Because clearance had not been received from OMB, the parents in the first set of courses completed only the Knowledge Questionnaire. Of the approximately 270 participants, 232 completed some portion of the evaluation. It is difficult to generalize about those participants who did not cooperate with the evaluation. We believe poor cooperation had more to do with the administration of the evaluation at certain sites, rather than characteristics of the participants. Therefore, the number of participants (N) changes from one analysis to another. When we analyzed change from pretest to posttest, we used only matched pairs. That is, we analyzed only those participants who submitted both pretest and posttest questionnaires.

The demographic characteristics of the sample (Table 15) differ little from the characteristics of all parents taking the program. In the courses for parents only, 71 percent were female. Most were young; about half were under 35. Most were white (73%), but Blacks (17%) and Hispanics (10%) were well represented. The participants in the course for parents and adolescents were more evenly divided between females (56%) and males (44%). They were also older and all White. The parents in both kinds of programs were distributed among different income levels, but tended to be middle class; typically had some college experience; were very likely to be married; typically had 2 or 3 children; were most likely to be Protestant or Catholic; and attended church regularly.

Changes in Knowledge

The literature, the results from our needs assessment, and interviews with both parents and experts all suggested that parents are inhibited from discussing sexuality with their children by their lack, or perceived lack, of information and an appropriate language. We addressed parents' need for knowledge and language in a number of ways.

Table 15

Characteristics of Parents Completing
Both Pretest and Posttest (Matched Pairs)

	Courses for Parents Only N=64 ^a	Courses for Parents and Adolescents N=25
SEX		
Female	71%	56%
Male	29%	44%
AGE		
25-34 years	48%	20%
35-44 years	29%	56%
45-54 years	16%	24%
55+	7%	0%
RACIAL/ETHNIC BACKGROUND		
White, not of Hispanic Origin	73%	100%
Black, not of Hispanic Origin	17%	0%
Hispanic	10%	0%
American Indian, Alaskan Native	0%	0%
MARITAL STATUS		
Single	8%	8%
Married	84%	84%
Separated, Divorced, Widowed	8%	8%
LIVING SITUATION ^b		
With own children or current marriage	94%	75% ^c
With own children from previous marriage	6%	16%
Alone	6%	6%
FAMILY INCOME		
\$10,000 and less	17%	0% ^c
\$10,001 - \$20,000	25%	5%
\$20,001 - \$30,000	25%	52%
\$30,001 - \$40,000	13%	17%
\$40,001 and more	20%	9%
EDUCATIONAL LEVEL		
High school graduate or less	33%	16%
Some college	23%	36%
College graduate	21%	12%
Some graduate school or degree	23%	36%
NUMBER OF CHILDREN		
One	19%	0% ^c
Two	42%	61%
Three	24%	22%
Four or more	15%	17%
FREQUENCY OF CHURCH ATTENDANCE ^b		
More than once a week	17%	20%
Once a week	44%	52%
Once to three times a month	23%	28%
Less than once a month	16%	0%
RELIGIOUS AFFILIATION ^a		
Protestant	42%	92%
Catholic	29%	0%
Jewish	4%	0%
Other	15%	8%
None	10%	0%

^a Includes only those parents participating in course after OMB clearance was obtained.

^b This excludes 11 parents from Croghan site.

^c Missing cases.

- 1) The model curriculum devotes an entire unit to transmitting knowledge about sexuality.
- 2) Relevant sexual information and terminology are woven into many of the other units. For example, in the communication unit when parents are practicing answering common questions of children, they are also learning facts and terminology.
- 3) Whenever the teacher discusses a subject, s/he uses correct terminology.

To analyze the data regarding changes in knowledge, we completed the following tasks:

- 1) We compared the mean overall scores parents obtained before and after taking the courses for parents only (i.e., excluding Sacramento).
- 2) For each site that returned enough complete questionnaires for statistical analysis, we compared the mean overall pretest and posttest scores.
- 3) We compared the pretest and posttest mean scores on each particular item.
- 4) We computed the percentage of parents who obtained high enough scores to be considered to have adequate knowledge.
- 5) We assessed the parents' written comments about their knowledge gain.

The Knowledge Inventory which was administered before, immediately after, and 4-12 months after the course, the delayed Course Impact Questionnaire which was administered after the course and asked for participants' subjective views of their progress, and the written comments all demonstrate increases in parents' knowledge about sexuality as a result of taking the course.

Table 16 presents the mean knowledge scores of the pretest, posttest, and delayed posttest. These results indicate a modest increase in knowledge. For the entire sample, the mean score increased from 76 to 82. This was statistically significant at the $p < .001$ level. For that part of the sample also completing the delayed posttest, the mean score increased from 80 on the pretest, to 86 on the posttest to 89 on the delayed posttest. The pretest/delayed posttest change was also statistically significant at the $p < .001$ level. Finally, the change from the posttest to the delayed posttest was statistically significant at the $p < .05$ level. This analysis suggests that participants learn a considerable amount during the course and continue to learn after completing a course.

Table 17 presents the mean pretest and posttest knowledge scores by site. Of the eight sites with sufficient numbers of matched pairs for analysis, four increased significantly and four did not. One site, which offered courses to parents of 3-6 year olds, did not discuss many of the topics included on the questionnaire such as contraception. Other topics such as early childhood development were discussed but not assessed by the Knowledge Inventory. Thus, the instrument assessing knowledge change was probably inappropriate for this site. Another site received low scores on both the pretest and posttest. Most of the participants at this site were relatively new to the country. Although the questionnaires were translated into Spanish, many parents expressed difficulty understanding the questions. The educators found that many participants lacked basic information. Rather than present factual information reflected in the Knowledge Inventory, they found it necessary to provide parents with information

Table 16
Change in Knowledge Scores

	Mean Scores%	Difference Between Means	Matched Pairs T-test ^a	N
Pretest Posttest	76 82	6	4.26***	176 ^b
Pretest Posttest	80 86	6	3.39**	91 ^c
Pretest/ Delayed Posttest	80 89	9	6.39***	91
Posttest/ Delayed Posttest	86 89	3	2.07*	91

* $p < .05$

** $p < .01$

*** $p < .001$

^aAll tests are two-tailed t-tests.

^bThe sample includes all those participants who completed this pretest and posttest.

^cThe sample includes only those participants who completed pretest, posttest and delayed posttest.

Table 17
Change in Knowledge by Site

Sites	0	10	20	30	40	50	60	70	80	90	100	Matched Pairs T-test ^a	N
Croghan	76%											2.81*	10
	88%												
Falls Church	79%											no change	25
	79%												
Newtown	77%											2.82**	46
	84%												
Philadelphia	84%											2.94**	22
	90%												
Rochester	86%											4.35***	34
	91%												
Washington, DC	75%											0.58	15
	79%												
Washington Heights	56%											-0.33	15
	55%												
Sacramento	84%											no change	14
	84%												

* $p < .05$

** $p < .01$

*** $p < .001$

Key:

Pretest

Posttest

^aAll tests are two-tailed t-tests.

that graduates from American schools usually know. At the third site, the participants began the course with very high scores on the Knowledge Inventory, leaving little room for improvement.

Tables 18 and 19 present the percentage of correct responses for each item. They indicate that parents were already familiar with terminology and that greater improvement occurred in the multiple choice questions.

Parents' response to the question on the Course Impact Questionnaire asking whether they know less or more about sexuality because of the course indicates parents' belief that they do know more (Table 20). Similarly, in responding to the open-ended question on the same questionnaire, several parents confirmed their belief that they had gained knowledge (Table 21).

Table 22 depicts the percentage of parents who ended the course with sufficient knowledge to be considered adequate or very effective sexuality educators of their children. Most parents were quite knowledgeable. At least 60% of parents received adequate scores on all of the scales. Ten percent or more of parents received very effective scores on most scales; courses for parents of adolescents need to devote more attention to the effects of knowledge on behavior and to puberty and developmental sex differences.

In sum, we can confidently conclude 1) that this curriculum does increase knowledge about sexuality, 2) that by the end of the course the vast majority of parents of 3-11 year olds were adequate or very effective sex educators of their children, and 3) that a majority of parents of 12-18 year olds were adequate sex educators of their children.

Changes in Attitudes

A major controversy in sexuality education has revolved around the question of teaching children values. Both proponents and opponents and both parents and professionals support the necessity and importance of the family imparting values about sexuality. Yet many parents have expressed confusion about their own values and attitudes and reported difficulty imparting their values to their children.

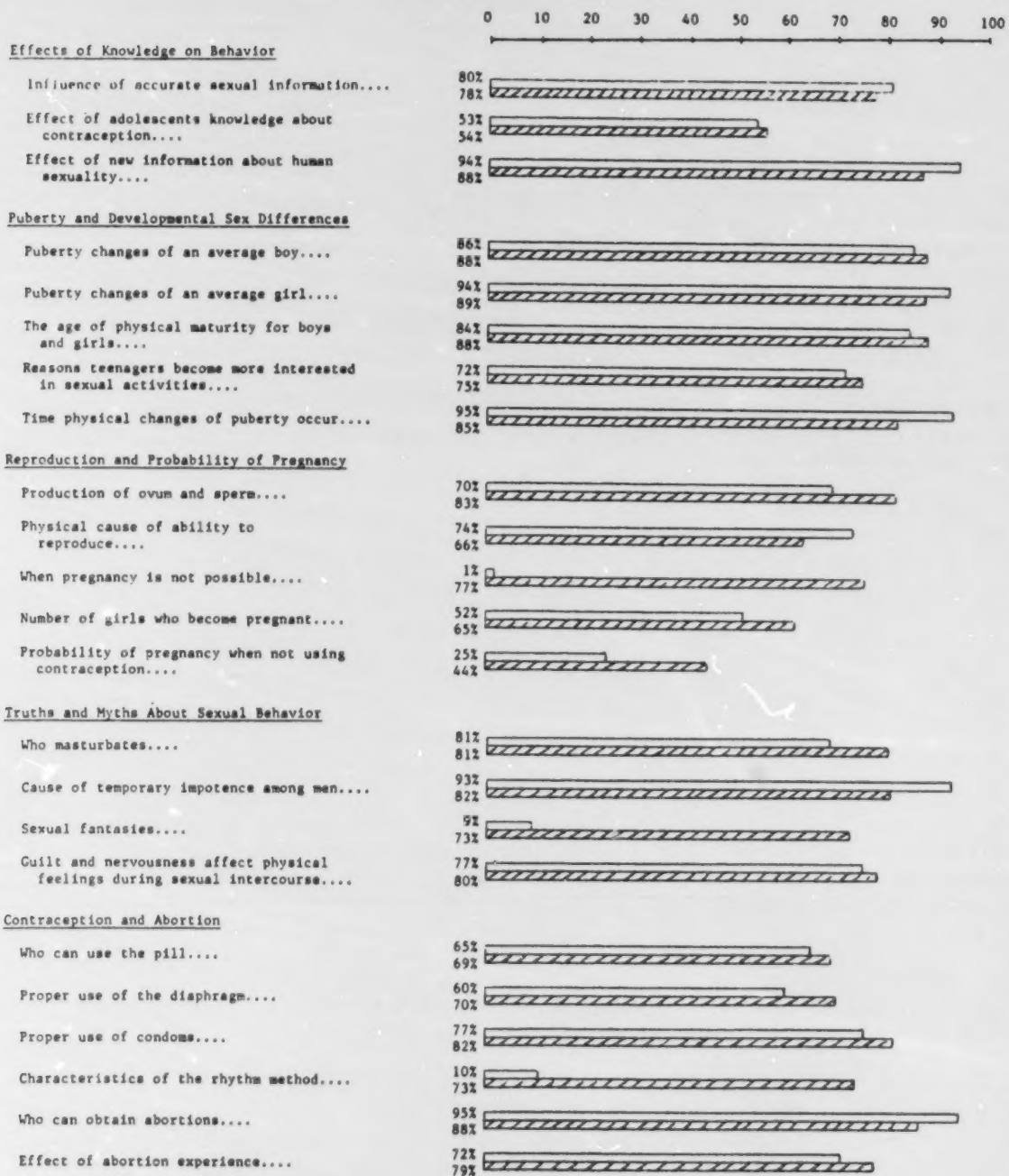
Sexuality education programs for parents constitute one response to this dilemma. This project specifically addressed parents' expressed need for opportunities 1) to discuss and examine their own values and attitudes, and 2) to learn ways to communicate those values and attitudes.

As discussed in Chapter 5, we were unable to evaluate whether our program helped participants become clearer about their own values -- for example, their beliefs about what is appropriate or acceptable behavior. However, we did measure their support of attitudes which experts and parents consider necessary for parents to play an effective role in their children's sexuality education.

Table 23 depicts parents' support of attitudes before and after taking the course. As explained in the previous chapter, this questionnaire was not analyzed item by item. Instead several items together measure a particular attitude. Because some items were more important statistically than others in reflecting parents' support of an attitude, items within each category were weighted. Thus, the attitude data cannot be presented like the knowledge data with means which fall

Table 18

Percentage of Parents Correctly Answering Each Knowledge Item:
Comparison of Pre/Posttest Responses



^a N=176.

^b Only parents completing both the pretest and posttest are included.

Key:

Pretest
Posttest

Table 19

Percentage of Parents Correctly Matching Words with Definitions:
Comparison of Pre/Posttest Responses^a



^aN=175.

Key:

— Pretest

▨ Posttest

Table 20

Mean Scores of All Responses to Course Impact Questionnaire^a

Question	much less	somewhat less	no difference	somewhat more	somewhat more
1. Do you know <u>less</u> or <u>more</u> about sexuality because of this course?	1	2	3	4	5
2. Do you now talk <u>less</u> or <u>more</u> with your children about sexuality because of this course?	1	2	3	4	5
3. Do you now answer your child's questions less or more effectively because of this course?	1	2	3	4	5
4. Do you think your child asks questions about sexuality less or more frequently because of this course?	1	2	3	4	5
5. Are you now less or more comfortable discussing sexuality with your child because of this course?	1	2	3	4	5
6. Do you think your child is less or more comfortable discussing sexuality with you because of this course?	1	2	3	4	5
7. Are you less or more able to handle sexuality situations that arise in your home (e.g., your child swearing)?	1	2	3	4	5
	much harder	somewhat harder	no difference	somewhat easier	much easier
8. Is it harder or easier to start conversations with your child because of this course?	1	2	3	4	5
9. Is it harder or easier to have discussions with your child because of this course?	1	2	3	4	5
10. Do you think your child finds it harder or easier to have discussions with you about sexuality because of this course?	1	2	3	4	5
11. Is it harder or easier to tell your child your sexual values because of this course?	1	2	3	4	5
	disagree much more	disagree somewhat more	neutral	agree somewhat more	agree much more
12. Mothers and fathers involved with childrearing should play an active role in the sex education of their children.	1	2	3	4	5
13. Parents don't have to be experts on sexuality.	1	2	3	4	5
14. Parents have a right to set standards for conduct in the family.	1	2	3	4	5
15. Parents have the right to express feelings and attitudes about sexuality to their children.	1	2	3	4	5
16. Parents have a right to privacy.	1	2	3	4	5
17. A child has a right to have opinions about family standards.	1	2	3	4	5
18. A child has a right to discuss sex with his/her parent(s).	1	2	3	4	5
19. A child has a right to sexual knowledge.	1	2	3	4	5
20. A child has a right to privacy.	1	2	3	4	5
21. A child shouldn't be punished for his/her feelings.	1	2	3	4	5

^aN=80.

Table 21

All Responses to Open-ended Question on Course Impact Questionnaire

What other changes have you observed in yourself which you feel are a result of the course?

Knowledge

I feel more open and more aware of the pressures that my child is feeling.

I have more confidence during discussions with my child because I have more information.

I am not embarrassed to speak and converse on the subjects. I know more about it and understand.

I was surprised about misconceptions concerning sex.

A lot of impact of the course was its introduction — I have learned a great deal since the course from reading and experimenting, etc., but the course was what got me started and made me more aware of issues.

I'm much more aware of the forces of the media upon my child.

I now realize the pressures put on teens, mostly from peers.

The wisdom and input we use effectively gives us as a family on growing growth levels to attain.

I was open about sex and sexuality before the course but I have learned more, too.

Attitudes

I'm thinking much more about the values I want to convey to my children.

This course has served as a reinforcement to strengthen our beliefs in our relationship with our children and knowing that our standards were "heading in the right direction."

I now feel that sex in any form is OK between two consenting partners.

There is just a more open attitude in our household about sex and sexuality.

Sex education belongs in the home - not governed by the government or schools. The parents should be given back the right to educate their children in their Judeo-Christian values.

I am able to treat sexuality as I treat other areas of development; I am much less troubled by vague fears about my children's sexuality.

No changes - I supported the above (value) statements before taking course.

Clearer ideas.

I have examined my sexual values more.

I have a more liberal attitude towards things such as individuals' feelings towards sex and preferences.

Table 21 (Cont'd.)

Communication

It helped me to speak with my children more freely.

He talks more freely and doesn't seem to be as shy.

We try to communicate better.

I discuss the subject of sexuality more freely with other parents.

I am not embarrassed to speak and converse on the subject, know more about it, and understand.

I work with teachers of young children and I feel more confident in discussing various components of sex education with the staff. We scheduled a sex-ed workshop for our June Staff Inservice. It was most reassuring to hear the teachers share kissing game/chasing game stories involving their elementary school children in the school yard.

I recognize overall improvement in my communication skills.

Openness, sensitivity, more thoughtfulness.

It is easier to express myself with the children after the course.

I am calmer when talking with my child about sexuality issues; more observant of context for questions; more able to use everyday situations to comment or bring the topic up.

We talk quite a bit better.

I take more time communicating my ideas and feelings.

From above answers, it would appear that nothing was gained from taking course - quite the contrary - communications are a bit more relaxed.

I now am comfortable with a process of discussing concerns about sexual issues with my spouse and friends to clarify my own thoughts, feelings, and opinions so that I can communicate more effectively with my children.

I can be honest and open more easily than I could before this course.

Our children are now discussing their friends' relationships with us.

During the time we were actually enrolled, the course served as a great springboard toward initiating discussions.

I still feel that I need to have more communications with my children.

Communication between myself and the children has never been a problem in our family. However, this course opened new topics for discussion. Agreements, compromises, and concessions are now acceptable to all of us.

I am more relaxed and more communicative about sex with my children and family.

I am more aware.

Table 21 (Cont'd.)

Comfort

I blush a little less.

I notice an all over more comfortable feeling in dealing with the subject.

Obviously, there's little change in my attitudes regarding "rights" (or needs) - the greater change lies in the area of "ease" or "comfort". In this regard, the course was helpful for both my son and me.

I feel a genuine comfort to think, feel, and discuss sex or sexuality.

I am more secure and comfortable with my own sexuality and am discussing the topic more freely with others who are interested in growing in their understanding.

I now feel more comfortable with my own sexuality.

I feel much more comfortable with the subject of sex in relation to my daughter.

I feel more aware of my own sexuality and, therefore, feel much more comfortable talking with my child and wife.

I feel I am much more relaxed about handling situations involving sexuality with my children. It was an excellent course.

Other

I feel that my children would rather refer to their genitals in their own made-up words - it isn't so serious. And adult sexuality cannot be explained to young children - I now realize that in this area too, children need to be children longer - we're rushing them.

None, because they only told me what I already knew.

This questionnaire is invalid because of the wide range of ages of children and the different approaches to sex education that are called for.

I am more able to accept other opinions and know how to cope with untrue stories other people tell children pertaining to sex. Thank you.

Our girls' father became much more involved in their rearing.

(Adolescents' response.) Sometimes I feel my mother understands more of what I'm going through and I know that I am not the only one "changing," she is too.

Other parents have some problems. Now I desire to encourage other parents to learn as I have.

I've never really had a problem talking to the other children. It's usually the adults who have difficulty talking to each other. This was truly a wonderful course and most of all, Pam Wilson is a jewel.

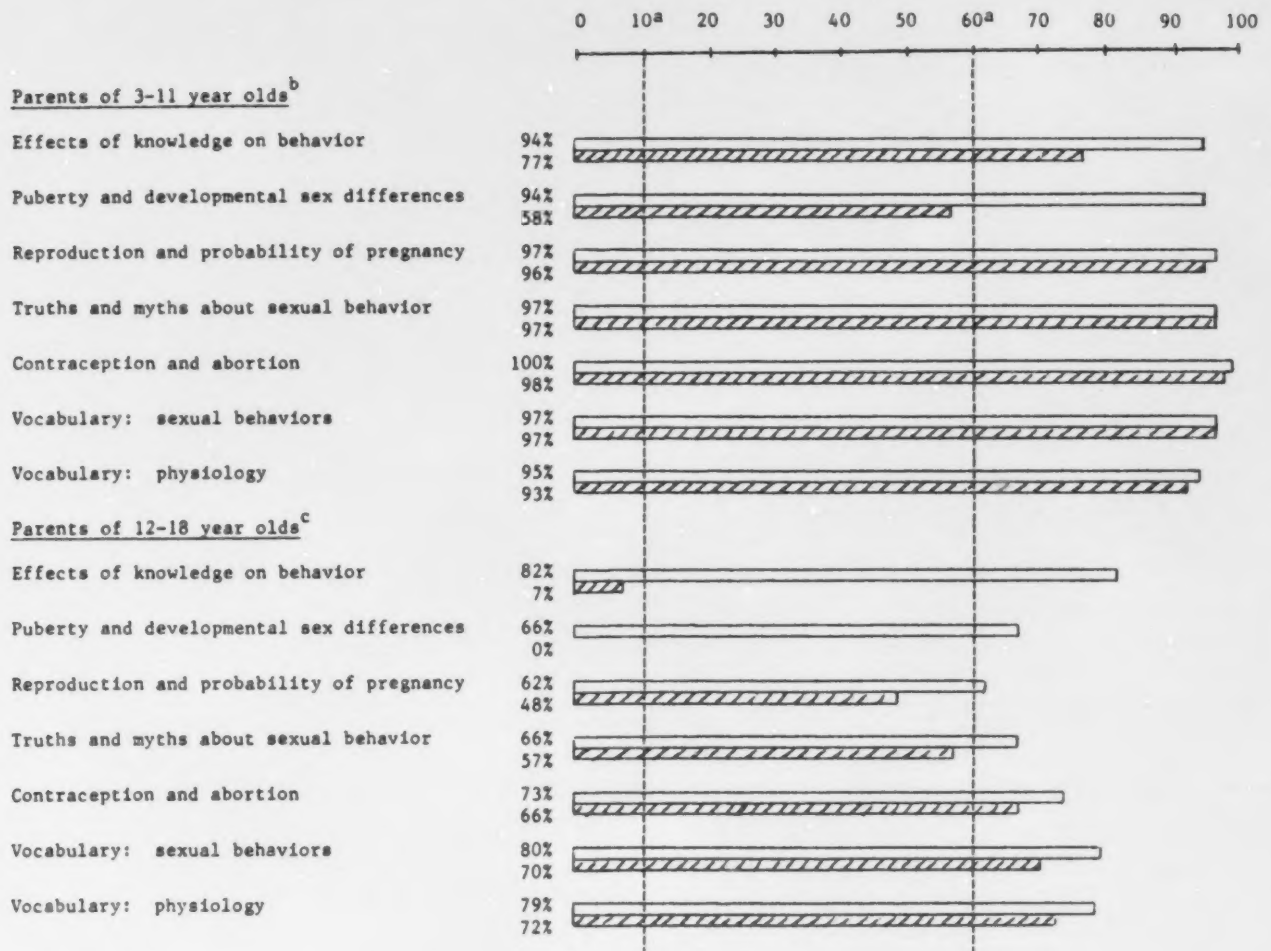
Hearing other parents made me realize how lucky we are that we - parents and children - are open in discussions and fairly nonjudgmental.

I feel very good about speaking of sex with other adults. I enjoyed the course very much. I am happy I had the opportunity for open discussions with other parents. Very interesting and informative. Thank you.

The best part about this course was the sharing with other parents. More than any knowledge gained, their experiences and how they handled them was great to hear.

Table 22

Percentage of Parents with Adequate and Very Effective Levels of Knowledge

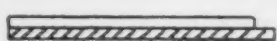
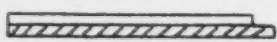
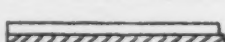
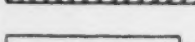
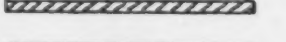
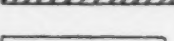
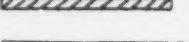
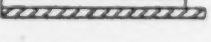
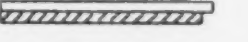


^aThe vertical lines at 60% and 10% represent the proportion of parents who must achieve adequate and very effective levels, respectively, to consider the course successful.

^bN=86.

^cN=44.

Table 23
Analysis of Attitude Scales of Matched
Pre and Posttest - Weighted Items

Parents in Courses for Parents Only		t-test ^a		N
A child has a right to have opinions	4.83		2.03*	55
	4.98			
A child has a right to discuss sex with his/her parent(s)	4.79		1.86	55
	5.00			
A child has a right to sexual knowledge	5.78		1.61	58
	5.91			
A child shouldn't be punished for his/her feelings	4.54		.59	58
	4.57			
A child has a right to privacy	3.86		-.73	56
	3.78			
Parents have the right to express feelings and attitudes about sexuality to their children	4.92		.48	57
	4.96			
Parents don't have to be experts on sexuality	4.29		1.84	59
	4.44			
Parents have a right to privacy	4.83		.46	60
	4.87			
Mothers and fathers involved with childrearing should play an active role in the sex education of their children	4.96		2.06*	59
	5.13			
Parents in Courses for Parents and Adolescents		t-test ^a		N
A child has a right to have opinions	4.18		1.00	25
	4.29			
A child has a right to discuss sex with his/her parent(s)	4.08		-.72	25
	4.00			
A child has a right to sexual knowledge	4.37		-.79	25
	4.27			
A child shouldn't be punished for his/her feelings	4.22		.17	25
	4.25			
A child has a right to privacy	4.35		-.32	25
	4.31			
Parents have the right to express feelings and attitudes about sexuality to their children	4.40		1.17	25
	4.53			
Parents don't have to be experts on sexuality	4.53		-.36	25
	4.48			
Parents have a right to privacy	4.44		-.36	25
	4.80			
Mothers and fathers involved with childrearing should play an active role in the sex education of their children	3.25		.64	25
	3.89			

* $p < .05$
** $p < .01$
*** $p < .001$

Key:

 pretest mean
 posttest mean

^a All tests are two-tailed t-tests.

on the scale from 1-5. However, all scales are scored so that larger scores are desirable.

The scores increased for eight of the nine scales; two of the eight scales had statistically significant increases. The lack of significance of the remaining scales is partly due to small increases, partly to the small sample sizes, and partly to parents' high scores on the pretest.

Table 23 also depicts the results of the separate pretest/posttest analysis of the parent/adolescent course. While the t-tests did not result in significant differences, many parents entered the course supporting these values. Still the results suggest the need for special attention in discussing these values in a way suitable for a course for parents with their children.

The results of the delayed posttest Course Impact Questionnaires (Table 21) also indicate that participants perceive themselves as supporting all of nine values statements more as a result of the course. Participants indicated the greatest increase in support for "A child has a right to discuss sex with his/her parent(s)" and "A child has a right to sexual knowledge." In addition, parents' responses to the open-ended question indicated that it was easier to tell their child sexual values because of the course (Table 22).

Table 24 depicts the percentage of parents who received scores sufficient for parents to be adequate and very effective sex educators of their children. The one area that requires more attention is the issue of a child's right to privacy. Only 64% of parents with 3-11 year olds and 52% of parents with 12-18 year olds supported this at an adequate level. Interestingly, fewer parents of adolescents supported this statement than did parents of 3-11 year olds.

In sum, the results indicate that the course was successful in helping parents support attitudes that are necessary to be adequate and very effective sex educators of their children, but that these changes were small.

Changes in Communication Skills

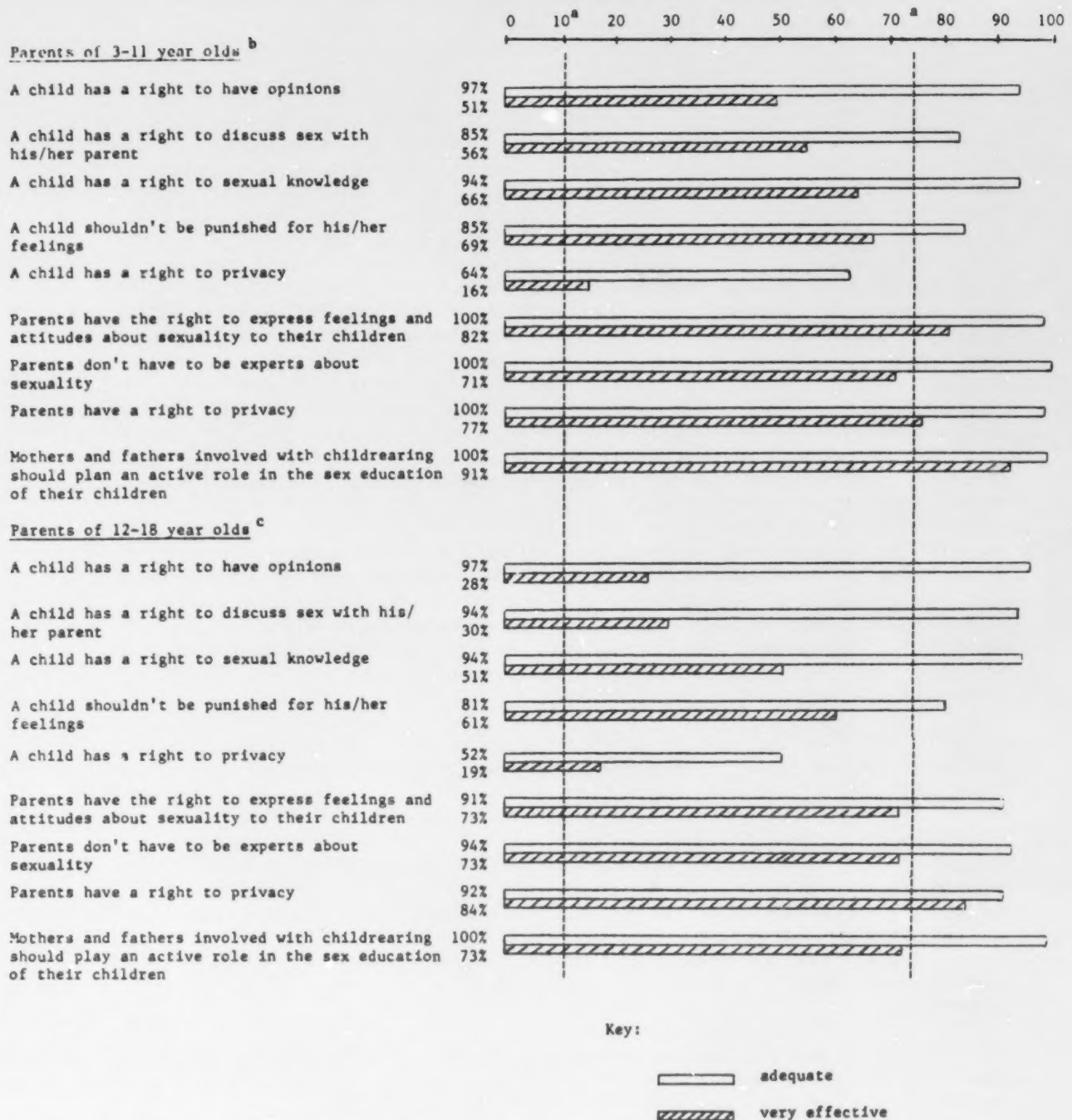
Professionals believe that if parents have adequate knowledge and support specific values, they will be more likely to communicate about sexuality with their children.

Throughout the curricula and particularly in Unit 5, participants learn to impart knowledge and values; listen, initiate, and maintain conversations; and answer questions.

To assess the impact of the course on communication skills, we administered the Communication Skills Questionnaire before and after the course, and we administered the Course Impact Questionnaire after the course. We also interviewed groups of parents. To ascertain which aspects of communication are enhanced during a 12-hour course, we intentionally assessed many more variables of communication than could realistically be accomplished during such a short period. Similarly we assessed skill acquisition for both Method One in which facilitators taught specific communication skills such as reflective listening and Method Two in which facilitators helped participants practice handling specific sex-related situations, even though most facilitators focused on only one of the methods.

Table 24

Percentage of Parents Supporting Values at Adequate and Very Effective Levels



^a The vertical lines at 75% and 10% represent the proportion of parents who must achieve adequate and very effective levels, respectively, to consider the course successful.

^b N=36.

^c N=39.

Table 25a depicts how often parents talked with their children before and after taking the course. While not statistically significant, results indicate a slight increase in the number of family conversations. This increase is supported more strongly by responses to the Course Impact Questionnaire indicating a substantial increase in communication and by personal interviews also indicating a substantial increase.

Table 25b depicts the level of comfort talking about sexual topics before and after the course. This result is inconsistent with both the results of the Course Impact Questionnaire (Table 21) which indicated a substantial increase in comfort, and the results of personal interviews which also indicated an increase in comfort. Thus, the amount of change and even the direction in the change in comfort is not clear, but probably comfort changed little or increased slightly.

One reason comfort may not have increased to a greater extent is that parents began discussing more sensitive topics with the children both during and after the course. Naturally, discussing more sensitive topics may have offset gain in comfort produced by the course.

We did not have sufficient data to analyze communication skills of adolescents at the parent/adolescent site. However, of the 11 adolescents who completed pre- and posttests, the mean number of conversations about sexuality with parents increased from .7 to 2.7 conversations per month with a t value of 3.24. This is significant at the $p < .01$ level.

Table 26 indicates that all but one of the family communication habit posttest scores were higher than pretest scores. The lack of statistical significance is partly due to the small sample size and to the fact that the instrument measured both Methods I and II skills while most teachers focused on one or the other. The Delayed Course Impact Questionnaire results and discussions with parents also suggest that it may take a number of months before the course's effects on communication are fully recognized.

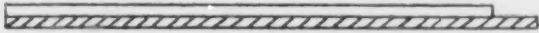
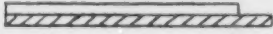
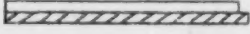
The analysis depicted in Table 27 suggests that parents are more resourceful in discussing sexuality with their children than they were before taking the course. They use everyday occurrences such as television shows and car rides to discuss sexuality.

Parents reported in the delayed Course Impact Questionnaire (Table 21) that because of the course, 1) it is easier to start and to have conversations about sexuality with their children; 2) it is easier for the parents to tell their children their values; 3) it is easier for the parents to handle sexuality situations that arise in the home; 4) it is easier for the children to have discussions; and 5) both parents and children are more comfortable with these discussions.

Tables 28 and 29 show the percentage of parents who received posttest scores on the Communication Skills at a level necessary to be an adequate and/or very effective sexuality educators of their children. On most skills, most parents achieved an adequate level and on the average about half the parents achieved a very effective level. This is very encouraging. However, parents of 3-11 year olds needed to respond more appropriately, and more frequently require their children to listen, and parents of 12-18 year olds needed to ask for clarification more often, respond more appropriately, and more frequently require their children to listen.

Table 25a

Frequency of Family Communication Before and After the Course^a

Question	Mean	Frequency of Communication					t-test ^b
		0	1	2	3	4	
During the last month, how many times have you talked with your children about sexuality?	3.67 4.00						.41
During the last month, how many of these conversations with your children did <u>you</u> initiate?	1.77 2.00						.59
During the last month, how many of these conversations did your <u>children</u> initiate?	1.77 1.84						.13

Key:

 pretest mean posttest mean^aN=45 This sample includes only those participants who completed both the pretest and posttest (matched pairs).^bNone of the t-tests are significant.

Table 25b

Comfort Level of Family Communication Before and After the Course^a

Question						t-test ^b
	very un-comfortable	un-comfortable	neutral	comfortable	very comfortable	
During these conversations, how comfortable did <u>you</u> feel?	1	2	3	4	5	-0.57
During these conversations, how comfortable do you think your <u>children</u> felt?	1	2	3	4	5	-0.74

Key:

 pretest mean posttest mean^aN=45 This sample includes only those participants who completed both the pretest and posttest (matched pairs).^bNone of the t-tests are significant.

Table 26

General Family Communication Habits:
Comparison of Pre/Posttest Responses

Item						t-test ^a	N
Parents as Referent	Never	Sometimes	Half the Time	Usually	Always		
Parents really listen	1	2	3	4	5	1.74	46
Parents listen actively	1	2	3	4	5	0.55	46
Parents ask clarification	1	2	3	4	5	1.60	46
Parents respond appropriately	1	2	3	4	5	-0.96	45
Parents ask child's reaction	1	2	3	4	5	1.18	45
Parents use "I" and "My"	1	2	3	4	5	1.83	44
<u>Child as Referent</u>							
Child really listens	1	2	3	4	5	1.16	44
Child listens actively	1	2	3	4	5	2.32*	43
Child asks for clarification	1	2	3	4	5	1.26	42
Child asks parents' reaction	1	2	3	4	5	1.30	43
Child asks parents' reaction	1	2	3	4	5	0.00	43
Child uses "I" and "My"	1	2	3	4	5	1.87	41

* p < .05

** p < .01

*** p < .001

Key = ——— pretest mean
 - - - - - posttest mean

^aAll tests are two-tailed t-tests.

Table 27

Agreement with Family Communication Statements: Comparison of Pre/Posttest Responses

Item						t-test ^a	N
	strongly disagree	disagree	neutral	agree	strongly agree		
I use everyday occurrences, such as TV shows, to initiate conversations with my children about sexuality.	1	2	3	4	5	1.64	40
I find opportune times, such as when I am taking my children on a 15 minute ride, to discuss sexuality.	1	2	3	4	5	3.08**	40
If I don't know the answer to a question about sex, I still help my children get it answered.	1	2	3	4	5	1.39	42
Even if my children's questions about sex embarrass me, I do my best to answer them.	1	2	3	4	5	-1.29	42
I never seem to be too busy to answer when my children ask me a question about sex.	1	2	3	4	5	0.52	42
If my children try to avoid discussions about sex, I would not require them to listen.	1	2	3	4	5	0.00	42
If my children told me their feelings about a sexual problem, I would tell them my feelings too.	1	2	3	4	5	-0.75	42
My spouse (or partner) and I talk with each other about our children's growing sexuality.	1	2	3	4	5	2.02*	41

* p < .05

** p < .01

*** p < .001

^aAll tests are two-tailed t-tests.

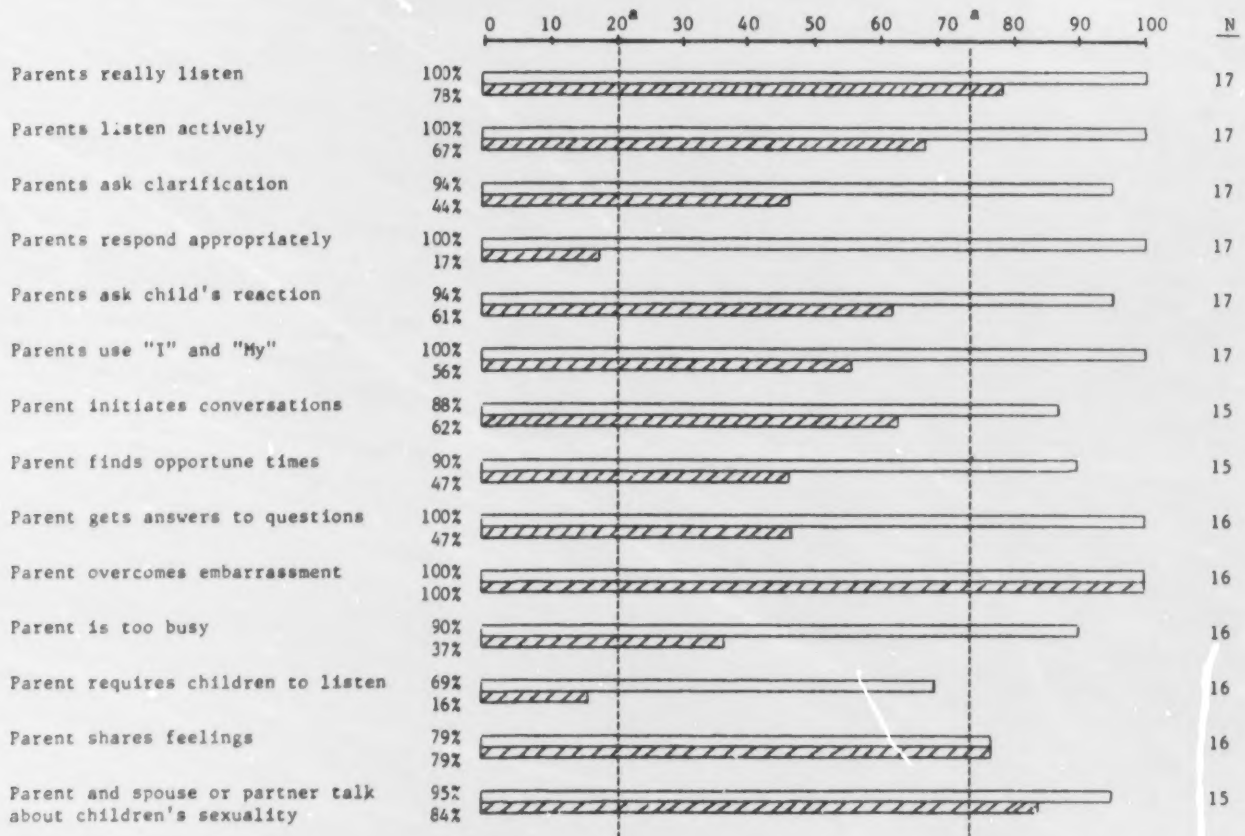
85

Key = ——— pretest mean

----- posttest mean

Table 28

Percentage of Parents of 3-11 Year Olds with Adequate and Very Effective Levels of Communication Skills



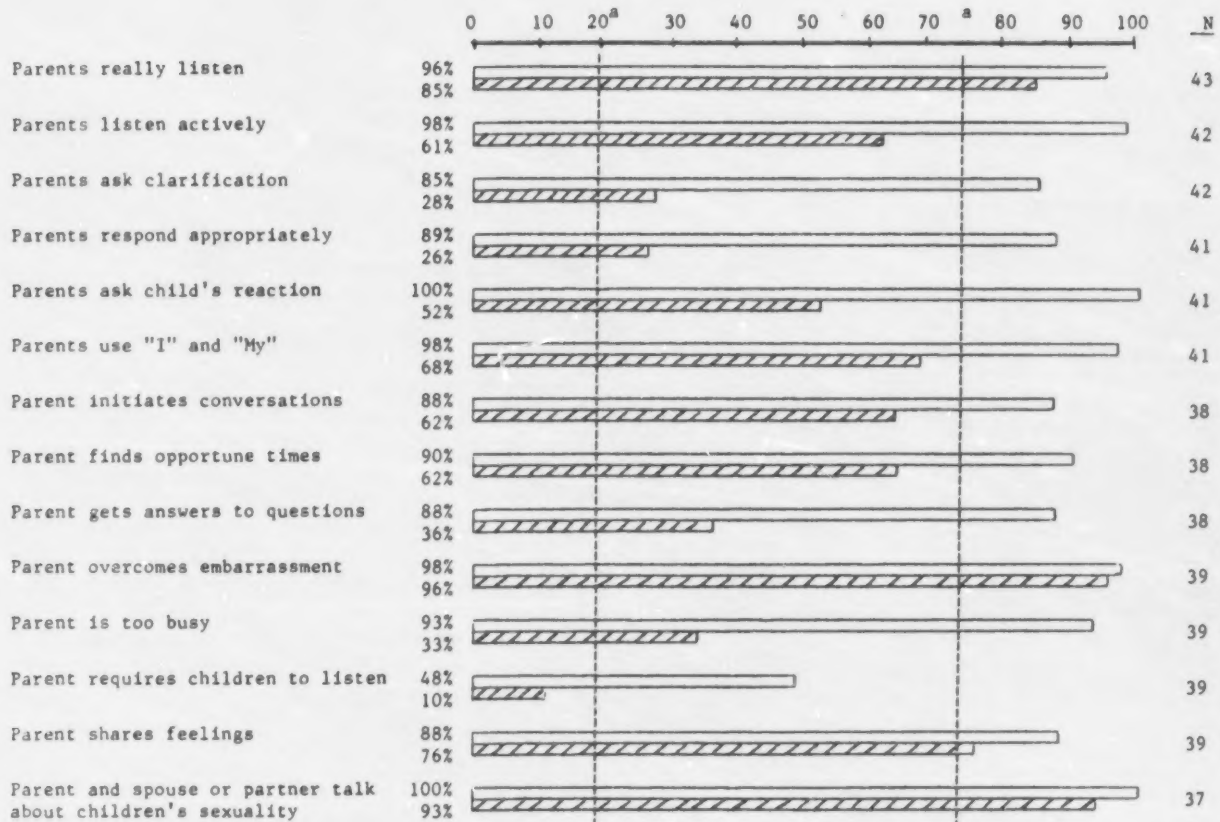
Key:

□ adequate level
 ▨ very effective level

^a The vertical lines at 75% and 20% represent the proportion of parents who must achieve adequate and very effective levels, respectively, to consider the course successful.

Table 29

Percentage of Parents of 12-18 Year Olds with Adequate and
Very Effective Levels of Communication Skills



Key:

— adequate level
 ▨ very effective level

^a The vertical lines at 75% and 20% represent the proportion of parents who must achieve adequate and very effective levels, respectively, to consider the course successful.

In sum, the impact of the course upon communication is modest but encouraging. The results indicate that 4 hours on skill development can change lifetime patterns of communication and can improve some skills.

Overall Course Evaluations

We measured the success of the course three ways:

- We asked parents to rate the teacher, topics, materials, organization and overall program.
- We asked parents about their own experience in the course.
- We established levels of course effectiveness based on the percentages of parents achieving adequate or effective levels of knowledge, support of attitudes, and communication skills.

Programs cannot be successful in the long run unless parents find them interesting and valuable and then encourage other parents to attend.

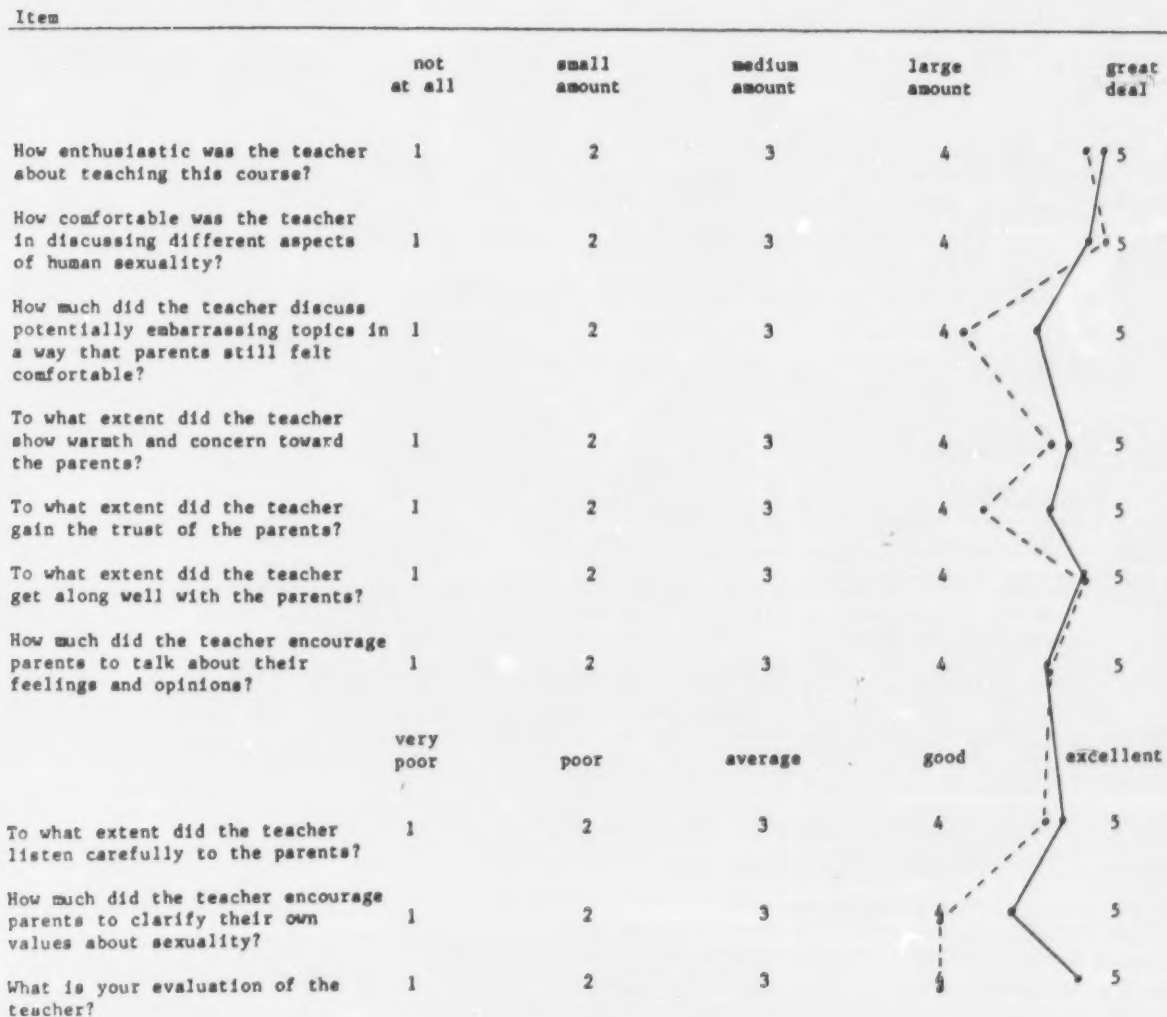
Our needs assessments and many discussions with participants in programs continually point to the importance of the personality, style, and competence of the teacher. Therefore, the data from the course evaluation questionnaire provided critical feedback about the potential for the program we developed. Table 30 depicts participants' evaluation of their teachers. All of the items rating the teacher were worded so that high ratings were positive scores. On a 5-point scale, all mean scores were 4 or higher. (Chapter 4 briefly describes the characteristics of the teachers who participated in this project.) Eighty-two percent of the participants rated teachers excellent overall; another 16% rated them good. Thus, the overwhelming majority of participants rated the teachers as very effective.

These encouraging results indicate that if a teacher is carefully selected and works with groups with whom s/he is familiar, teachers can establish rapport with many different parent groups. Particularly noteworthy is the parents' perception that the teachers encouraged parents to clarify their own values about sexuality rather than attempting to convert them to a different point of view -- that it was okay for individuals to hold their own values.

During the early stage of this project, we deliberated over the length and format of the course and the contents of the curriculum. The results indicate that teachers were able to use the curriculum to design courses and select activities that were appropriate for their groups. We were also pleased that, in general, parents concurred with our notion that 12 hours of instruction struck the balance between offering enough time to cover topics but not too much time to render participation in the course an insurmountable burden. Ninety-two percent of parents rated the course format very effective.

Table 31 presents participants' personal reactions to participating in the course. While parents experienced some difficulty in discussing and asking questions about sexuality, they were far more comfortable than would have been predicted.

Table 30
Participants' Ratings of Teacher's Performance

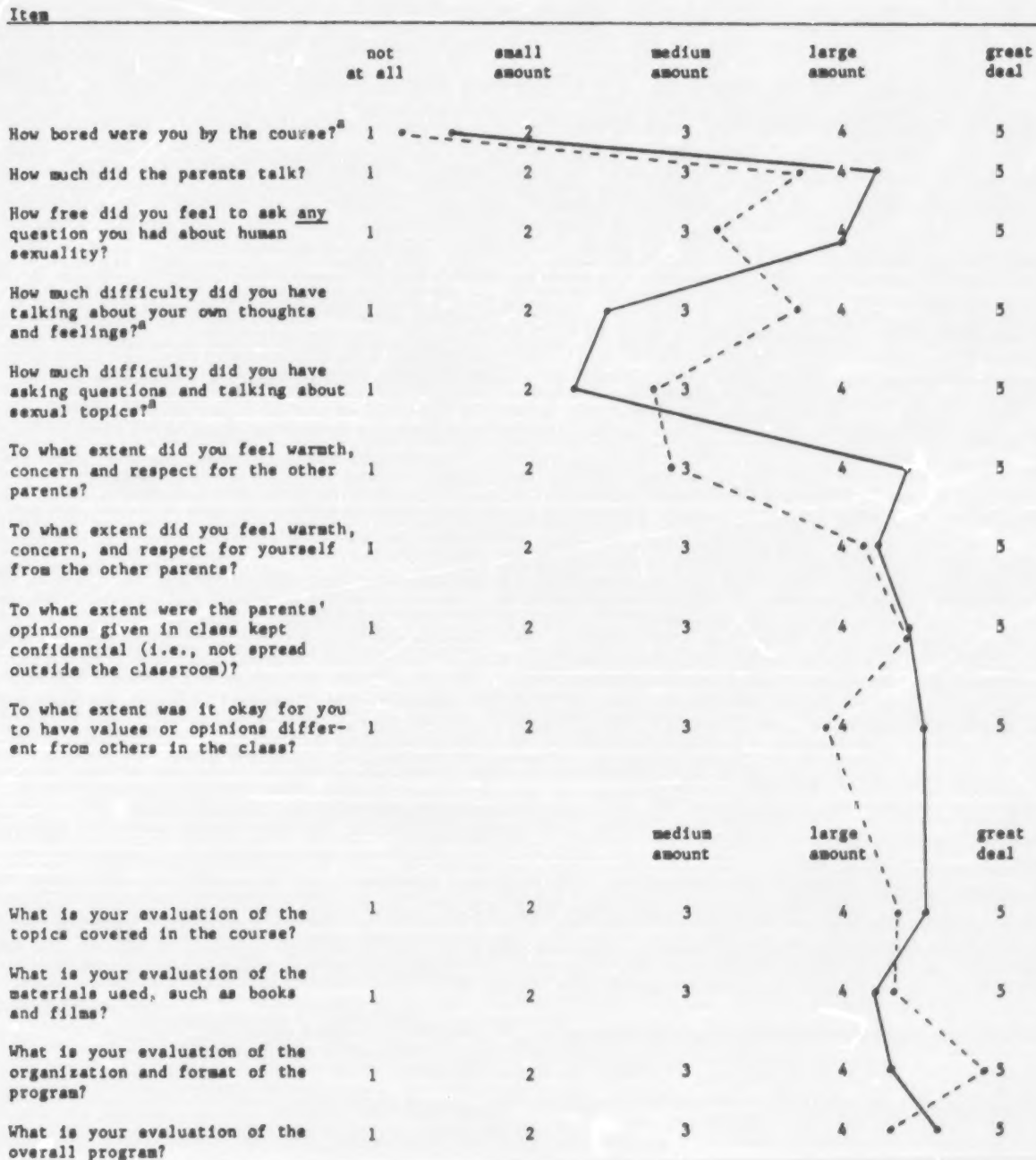


Key:

- Mean ratings of parents (N = 170)
- Mean ratings of Sacramento adolescents (N = 10)

Table 31

Participants' Reaction to the Course

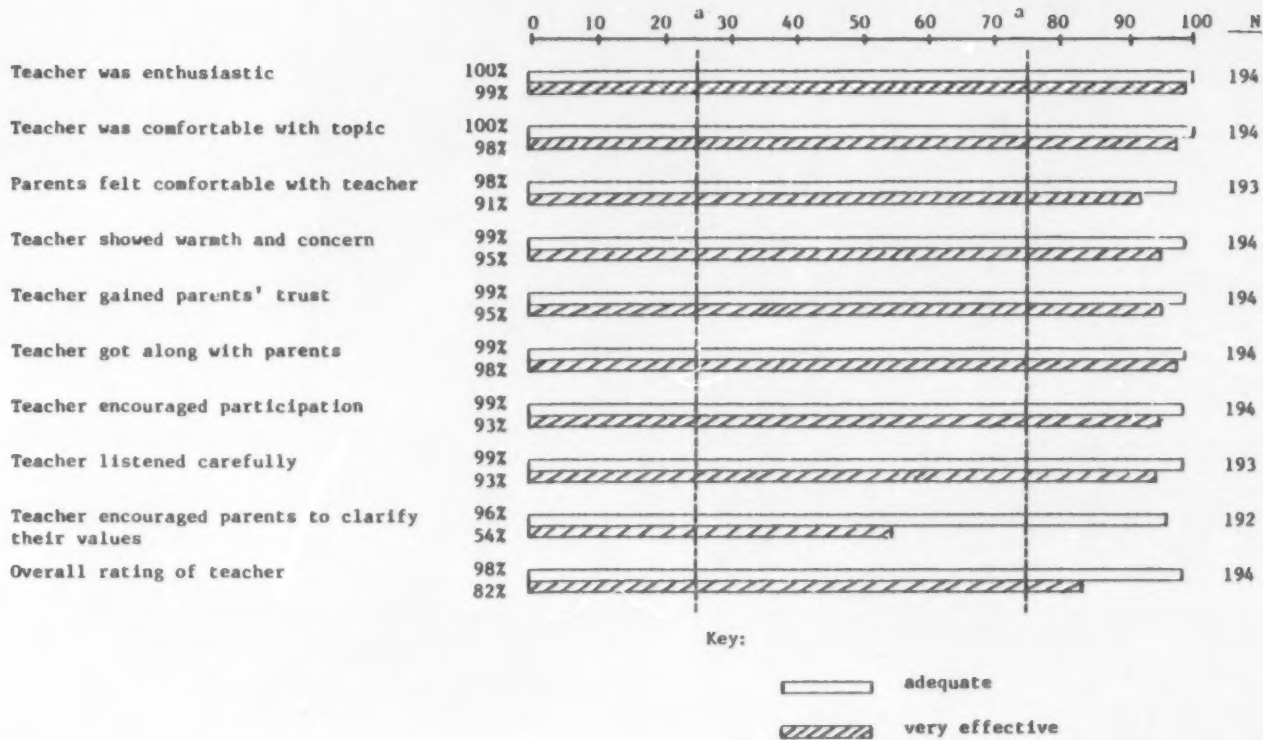
^aNote that positive direction is reversed for these items.

The levels for adequate and very effective course characteristics are depicted in Tables 32 and 33. Two areas needing more attention are helping parents talk about their own thoughts and feelings and asking questions and talking about sexual topics.

These results underline the importance of careful planning that considers the needs of the particular parent group. It also draws attention to the critical importance of the teacher. All parent sexuality educators should be able to receive training and have prior experience in sexuality education before tackling the unique problem of implementing a parent sexuality education course.

Table 32

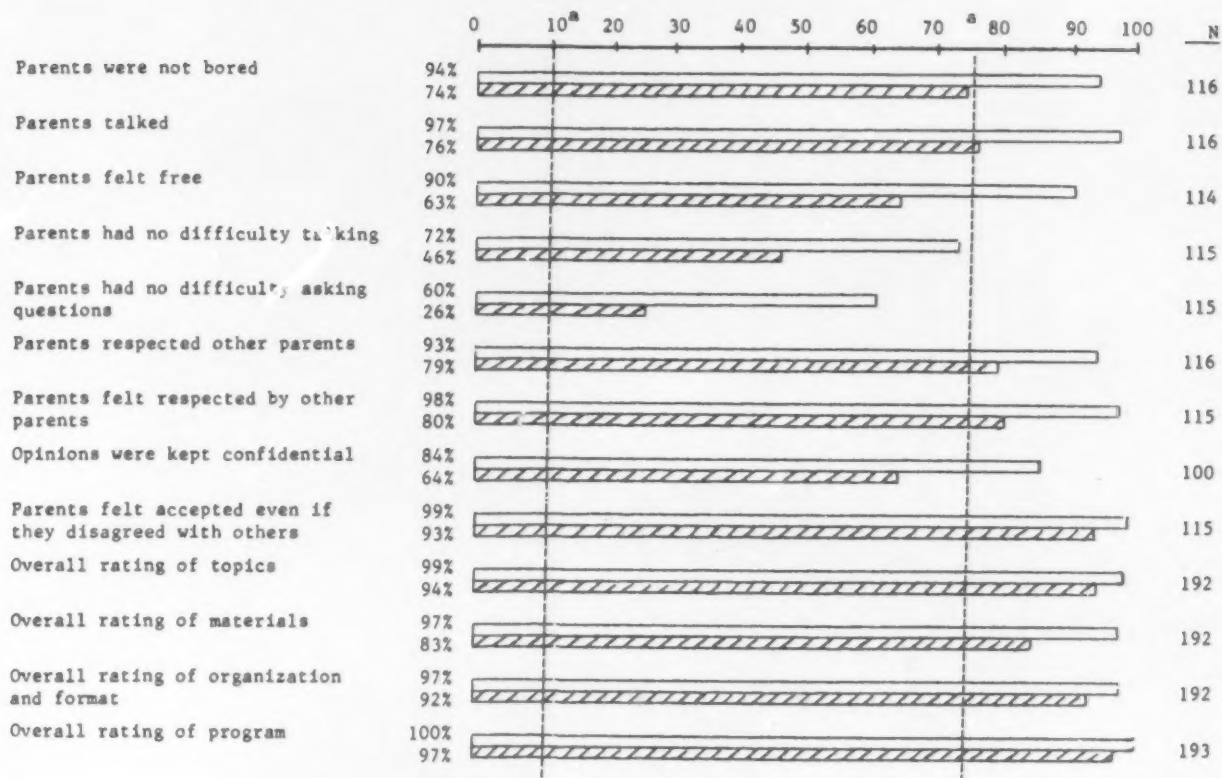
Percentage of Parents Rating Teacher as Adequate and Very Effective



^a The vertical lines at 75% and 25% represent the proportion of parents who must achieve adequate and very effective levels, respectively, to consider the course successful.

Table 33

Percentage of Parents Rating Program as Adequate and Very Effective



Key:

— adequate
 // very effective

^a The vertical lines at 75% and 10% represent the proportion of parents who must achieve adequate and very effective levels, respectively, to consider the course successful.

Chapter 7

SUMMARY AND RECOMMENDATIONS

This volume has presented research findings and necessary background information to understand these findings. In sum, we can say that as a result of the courses implemented for this study:

- Parents' knowledge about sexuality increased and the increase continues over time.
- Parents' attitudes necessary for effective family communication about sexuality were reinforced and strengthened.
- Parents' communication skills improved to some degree.
- Parents and children discuss sexuality slightly more often.
- Most parents completed the course with knowledge, attitudes, and skills at a level necessary to be adequate sexuality educators of their children and many completed the course with levels necessary to be very effective.

In addition, the curriculum developed for this project and the courses implementing it were quite successful:

- Parents gave high specific and overall ratings to the teachers.
- Parents gave high specific and overall ratings to the program.
- A sufficient number of parents completed the course with adequate and very effective levels of knowledge, attitudes, and skills to consider the courses a success.

Still other important findings emerged from reviewing the literature and programs, implementing the course, and talking with parent sexuality educators and participants:

- Parent sexuality educators increasingly recognize the complexity of teaching children about sexuality. They are offering courses to parents of specific-aged children and are including instruction on child development.
- Educators and program providers acknowledge that there is a lack of program evaluation. We are receiving many requests for the questionnaires to evaluate existing programs.
- Schools and churches are taking an increasingly prominent role in providing programs.
- Interest in programs for parents of young children continues to grow.
- A growing number of programs are being designed for specific parent groups such as single parents and parents of the hearing impaired.

- Programs are de-emphasizing factual information on anatomy and physiology and increasingly emphasizing communication and family relationships.
- Program providers are searching for alternatives to government funds, such as charging fees or using institution funds.
- The mere fact that so many parents are attending courses throughout the country suggests that many parents are taking action to overcome their perceived lack of knowledge or skills, their own personal inhibitions, and their lack of appropriate role models.
- No matter how long the course, how skilled the teacher, or what is actually discussed in the course, simply participating in parent sexuality education courses apparently helps parents convey to their children that the parents take their role seriously, admit that they can use help, are interested in being active in their children's education about sexuality, and are available.
- In contrast to reports in the literature, fathers are assuming more responsibility for children's sexuality education.
- While parents have reported to other researchers that they lacked sufficient knowledge and skills to educate their children about sexuality, the parents in our courses were quite knowledgeable about sexual topics that would emerge in family discussions about sexuality. What they lacked, then, was confidence. This finding confirms our decision to focus less on providing factual information to parents and more on providing opportunities to practice communicating. Parents left the course with a gain in knowledge, but more important, an apparently large gain in confidence in their knowledge and ability.
- Few parents had made use of the wealth of information, ideas, and suggestions currently available. However, after the course, parents continued to search for information. This may, in part, explain the results of statistically significant increases in knowledge from posttest to delayed posttest.
- When this project began, there did not appear to be a parent sexuality education network, but at the project's end, we receive requests for information continually and others report similar experiences. This network will undoubtedly enhance the development and proliferation of such programs and materials.

Looking Ahead

The primary goals of this project were to develop a model curriculum to help parents in their role as primary sexuality educators of their children and to evaluate the impact of such a curriculum. As with any exploratory research, we emerge with a number of questions for further research. We have a great deal more to learn about parent/child communication about sexuality and about evaluating programs designed to influence that communication.

- 1) What is the impact of family's style of communicating about sexuality on adolescents' behavior? Is there one mode of communication that has more impact than others?
- 2) What is the long range impact of educating parents of young children? Are family relationships better than those in families who did not receive sexuality education? Does a course affect the child's future behavior?
- 3) What is the relative importance of the different foci discussed in this report (focus on knowledge, values, communication skills, sexual issues in the home or conflicting feelings)? Which focus or combination of foci is most likely to improve parents' ability to be effective sexuality educators of their children? Which goals are most likely to be accomplished in a course?
- 4) In what other ways could the community support families in their efforts to educate children about sexuality?

Furthermore, the questionnaires developed for this project should serve as a foundation for further instrument development for program evaluation.

1) The Knowledge Inventory needs to be expanded to include items assessing additional topics such as psychosexual, cognitive, and moral development of children. We recommend a comprehensive Knowledge Inventory from which program evaluators can select scales that would assess the objectives of a particular course. For example, when evaluating a course for parents of young children, they could exclude scales assessing knowledge about the effective use of various birth control methods and include a scale assessing early childhood development.

The Knowledge Inventory could also benefit from further simplification. For example, it would help to devise a version for readers at or below the 6th grade level. We have also begun a companion version of the Knowledge Inventory in Spanish that could be useful for Hispanic parents.

2) We do not yet have a satisfactory instrument to measure parents' awareness of the sex-related values they want to transmit to their children. Our attempts at developing such a questionnaire, first asking parents their clarity on issues and second asking for the amount of time spent thinking about specific values, were unsuccessful. Because the concept being measured is so elusive, a great deal of effort will be required to develop a reliable instrument.

3) The Questionnaire on Family Communication should be comprehensive and adaptable to measure the objectives of a specific course. In our evaluation, we included items assessing communication skills based on Parent Effectiveness Training (PET) and others assessing specific communication about sexuality. However, if a course does not address techniques such as "I" messages and reflective listening, items assessing these techniques should be excluded from the evaluation.

Many parents found questions about the frequency and length of conversations with their children too difficult to answer. Alternative approaches assessing frequency and length of communication need to be explored and pretested.

4) We do not recommend the use of taping family conversations about sexuality for program evaluation. We found that asking families to tape conversations about sexuality resulted in artificially staged and forced conversations that otherwise would not have taken place. We also found it difficult to achieve interrater

reliability, even after training. Others who have taped conversations about sensitive topics have reported similar results. On the other hand, audio and videotaping can be useful teaching tools for parents who wish to practice communication skills.

We caution potential evaluators from conducting such comprehensive evaluations. A less ambitious evaluation may yield more information because participants will cooperate more fully. The questionnaires can be improved by additional peer review and parent review for content relevancy and clarity. Further pretesting would indicate which items parents easily understand and which need to be adapted or deleted.

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Appendix A

CHILD DEVELOPMENT: REVIEW OF MAJOR THEORIES

When discussing sexuality education of children, parents inevitably begin by asking two questions: 1) when should we begin talking to our children about sexuality? and 2) what sort of discussion is appropriate with children at different ages? Parents have answered the question of whether children need sexuality education. They assume that as parents, they have a major role in that education. They are now addressing the questions of when, what, and how?

Of course, there are no easy answers to these complex questions. In general, what parents teach children depends on their own values and beliefs. However, parents still need to know when and how to teach which values and what amount of factual sexual information to provide.

In the past, many educators reasoned that talking above a child's level of comprehension was relatively innocuous; today more and more educators recognize that misunderstandings arising from what a child sees or hears can be confusing or disturbing. Nonverbal communication, withholding of information, incomplete or inaccurate information, or information which the child cannot fully understand -- any of these can raise unsettling thoughts or fears.

While little research has been undertaken to study the particular questions parents are asking, several theories can contribute insight. This chapter summarizes those theories -- Sigmund and Anna Freud's discussions of children's psychosexual development; Piaget's theory of stages of cognitive development; Kohlberg's theory of moral development; and Bernstein's research findings on the development of children's ability to understand reproductive processes. The summary which follows is presented not as fact, but as theory which has undergone some empirical investigation and is supported by significant numbers of mental health professionals.

Psychosexual Development

Sigmund Freud introduced the concept and his daughter Anna Freud concurred that "sexual instincts operate from the outset of a child's development, change gradually from one form to another, and progress from one stage to another until at last adult sexual life is achieved as the final result of this long series of developments" (Freud, A., 1935). The Freuds pointed out that not only are children curious about sex differences and procreation, they are also capable of tenderness, devotion, jealousy, and other such feelings usually associated in adults with sexuality.

S. Freud included the total person and the total body in his definition of sexuality. He believed psychosexual development consisted of five discrete stages: oral, anal, phallic, latency and genital.

Oral Stage. According to Freud, children focus on oral needs during the first 2 years of life. The newborn child's primary goals are to obtain pleasure and to

avoid discomfort. This is most clearly manifested in the infant's behavior around feeding; the infant experiences the pain of hunger, cries for food, nurses at the mother's breast, then often continues sucking well after the need for food is satisfied. Thus, sucking itself has significance beyond its feeding function. So too does the attitude and behavior of the infant's mother have implications for the child's developing sexuality. A mother who enjoys the nurturant feelings of breastfeeding and, therefore, feeds in a relaxed and giving manner is giving her child a first lesson in the pleasures of the body and of physical contact with another human.

Anal Stage. During the next few years a child's attention turns to elimination and mastering the use of the toilet. The Freuds assert that at this stage the child is delighted and fascinated with his "products" and spontaneously exhibits destructive impulses. The child may, for example, build a sand castle and then vigorously stomp on it. The outcome of the anal period is determined by both the child's internal experiences and the environment's (mostly parents') input. The young child's products -- whether his feces or his sand castles -- are an extension of himself. If he comes to view his bodily products as bad and disgusting, he may well generalize these feelings to his body as a whole. If the child is not helped to learn to bring his destructive and erotic impulses under conscious control, s/he may develop a harsh sense of morals. On the other hand, children who learn to express some feelings and to control other feelings develop into adults who can also express erotic impulses in appropriate ways. They develop moral standards which they can use to guide their own behavior without infringing on others.

Phallic Stage. By at least age 5, a child is aware of physical differences between the sexes. During the phallic stage, a child is attracted to the parent of the opposite sex and feels in competition with the parent of the same sex. The child may express jealousy when his parents go out together, may interrupt conversations, and may actually be hostile toward the same-sex parent. Whether or not s/he expresses the feelings, they are still there. According to Freud, for the child to eventually develop healthy relationships, s/he must be able finally to resolve these feelings -- to accept the parents' relationship, to identify positively with the parent of the same sex, and to overcome his/her attachment to the parent of the opposite sex.

This phallic stage is also a time that the child is intrigued with who has a penis, who does not, and why. Every child answers these questions with or without information from adults. Freud believed that unless convinced otherwise, children naturally conclude that girls originally had penises which were then cut off. Fears of castration can be dispelled by providing children with simple, factual explanations of the differences between male and female genitalia.

Latency Stage. Freud labeled the last stage of childhood -- the time in a child's life when sexual feelings and fantasies are repressed -- the latency period. According to Freud, the child represses sexual feelings as s/he becomes conscious of what thoughts and feelings society finds acceptable. Currently, mental health professionals and educators question whether sexuality is in fact "latent" during these years or whether the child is actually hiding sexual feelings and interests either from others, self, or both. Children may feel the vulnerability of being sexual and decide to hide the evidence.

In many families where it is safe to be sexual, children express sexual concerns, feelings, and questions throughout childhood. "No child (who is mentally sound) can avoid being occupied with sexual problems in the years before puberty" (Freud, A., 1935). Thus, rather than a question of whether the child has sexual

thoughts and feelings, the important issue during this stage may be whether or not the child shares such thoughts.

Genital Stage. The final stage of a child's psychosexual development is the genital stage, the time when a child crosses the threshold into adulthood. During this period the child integrates experiences from all the previous stages, and turns his/her attention to developing relationships, social skills, and establishing goals for the future. The child is now interested in the opposite sex and begins dating. Psychoanalytic thinking suggests that the capacity for sensual pleasure derived from childhood experiences prepares the young adult for the sexual act itself. Similarly, early social relationships lay the foundation for marriage. Simply stated, adult sexuality is the culmination of the entire developmental process.

Sexuality education. Sigmund Freud wrote that children are more likely to investigate and experiment when parents withhold sexual information: "...curiosity leads to prying into things which would have raised little or no interest if they were talked of openly without any fuss" (Freud, S., 1963). If no adult guidance is available, the child must ask, answer, and interpret complex issues on his/her own.

S. Freud considered parental lying to be the most damaging behavior in a parent/child relationship. Young children usually accept the magic of the stork story and other adult fabrications explaining birth, but once they find out the truth they feel disappointed in their parents. In particular, the child who learns the hard way -- for example, by being laughed at for believing in the stork story -- also learns to distrust his parents. Again it is important to reflect on what the distrust feels like for a 5 or 6-year-old child. The young child's distrust of his/her parents can create an atmosphere of danger: Will my parents be available in times of crisis? Is the same-sex parent out to get me? From whom can I receive accurate information? Neo-Freudian thinkers contend, therefore, that parents make a mistake when they "protect" their child from information. Such parents erroneously assume that sexual curiosity will not occur if they do not provide their child with information.

S. Freud pointed out that knowledge, in general, contributes to a person's self confidence. In particular, sexuality information can give children a greater sense of autonomy and greater control over and understanding of their own bodies. Thus, withholding information from children -- whether through lying or omission -- not only has little positive impact on the development of the child; it also stifles the child's sense of power. Freud expressed the opinion, "I do not think there is even one good reason for denying children the information which their thirst for knowledge demands" (Freud, S., 1963).

The Freuds discussed another outcome of "protection," namely repression. A child may learn from parents (and/or others) that certain thoughts, fantasies, and desires are unthinkable. Rather than explore issues with siblings, peers, or parents, such a child buries the concerns, banishing the forbidden thoughts and questions from his/her consciousness. Such repression, according to the Freuds, can haunt people for the rest of their lives.

On the other hand, Freud did see a possibility of overexposure to sexuality and/or too little "superego" development. He recommended that parents attempt to teach their children the delicate balance between instinct gratification and instinct control. Anna Freud adds that if a parent must err, it is probably better to risk uncontrolled instincts than to enforce rigid controls that can cripple the child's personality. A child would have an easier time, for example, learning when to restrict his masturbatory behavior than ridding himself of the feeling that touching his body is bad, upsetting, or revolting.

Cognitive Development

Jean Piaget devoted his career to understanding how a child thinks and whether a child's cognitive ability develops in a predictable pattern. Piaget (1960) conceptualized cognitive development as consisting of four discrete and sequential stages: 1) sensory motor, 2) preoperational, 3) concrete operational, and 4) formal operational.

Sensory Motor Stage. During the sensory motor stage (until approximately age 2) a child learns primarily from the consequences of his/her behaviors. If an 18-month-old toddler is slapped every time she touches her vulva, the child learns that that behavior elicits an aggressive response from adults. A child at this stage cannot understand the complexity of the values her parents are communicating.

Preoperational Stage. During the preoperational stage, children learn language and see the world through their own eyes only (egocentrism). What they don't see doesn't exist. Pregnancy, for example, is a difficult concept to understand. A child may pick up a woman's blouse to see the baby or might assume a fat man is pregnant.

Concrete Operational Stage. Children between the ages of 7-11 begin to learn logic and mathematical structures. They need visible evidence to understand. Unless taught otherwise, they draw on information they already possess. For example, a child is told that each month the mother produces an egg that has the potential of developing into a baby (examples from Bernstein, 1978). The child already has a concept of "egg." For him/her, eggs are bought in the grocery store and eaten for breakfast. Imagine the child's confusion.

Children at this stage also take general explanations literally. For example, the child who is told that a baby results from two individuals loving each other could draw the conclusion that if his parents don't have more children, that means they don't love each other anymore.

Formal Operational Stage. According to Piaget, only at about age 11 does a child begin to reason and to understand abstract concepts. At this formal operational stage, he can now understand the complex process of conception and the role of genetics. He does not need visible evidence to comprehend that a sperm permeates an ovum and the fertilized cell then begins to divide and multiply. He can now understand that genes from both parents contribute to the child's makeup and, therefore, a child has physical characteristics of both parents.

Moral Development

Kohlberg used Piaget's theories as a basis to theorize about the development of morals. He viewed children as passing through three sequential levels of moral development: premoral orientation, conventional morality, and post conventional morality (Kohlberg, 1969). Each level consists of two stages.

Premoral Orientation. A "premoral" child is aware of rules about good and bad behavior, but interprets them in terms of punishment and reward. At Stage 1 the child decides to behave in a certain way to avoid punishment. At Stage 2, s/he would behave in whatever way would satisfy his/her own needs. A child at this level

cannot be expected to generalize one experience to another. When alone and undetected, he will do what he wants and/or what feels good.

Conventional Morality. A child operating with conventional morality generally conforms to what others expect. At Stage 3 the child decides to behave in a certain way because s/he likes to be good and to get approval. At Stage 4 the child decides to behave in a certain way because s/he feels it is important to respect authority, to do one's duty, and to obey. Many adults who function at this rather rigid level of moral reasoning have difficulty considering exceptions to a rule.

Post Conventional Morality. Only at Stages 4 and 5 (Level 3), which according to Kohlberg, most people do not reach, do people develop individual moral principles or concepts about universal values. At Stage 5 a person recognizes conventional morality, but believes strongly in individual rights. For example, a person who normally objects to premarital relationships may consider them morally acceptable for an individual whose fiancé is suddenly stationed abroad. At Stage 6, the person believes that individuals should be driven by their own consciences and that there are rational, universal principles that should govern human behavior.

According to Kohlberg, one can determine what stage of morality a child has reached, not by looking at what the child has done or at its outcome, but by looking at the child's reasoning. Two children may respond similarly to a given situation or dilemma for different reasons. Take for example, the case of Sally and Joe, a sister and brother who attend the same elementary school. Sally is in 6th grade and is an excellent student. Joe is doing poorly in 4th grade. The parents are upset with Joe and have considered prohibiting television and his participation in soccer league. When Sally enters Joe's empty classroom on an errand for her teacher, she sees copies of a test Joe will be given the next day, but does not take one. Knowing that Sally does not take the test is insufficient; one must also know why she chooses not to take the test:

Stage 1: She is afraid she would be caught and have to stay after school.

Stage 2: She likes getting all the praise from her parents and doesn't want to share it with Joe.

Stage 3: She considers herself a good girl and wants to be praised by her parents.

Stage 4: Taking the test would break the schools' rules and Sally feels it is important to obey those in authority.

We end this list of possibilities with Stage 4 because in Kohlberg's framework, it is the highest possible level a 6th grade child could have reached.

Whether these stages are discrete and sequential is still debated. However, Kohlberg's theories do suggest that parents need to recognize that the child does not necessarily see proper and improper behavior in the same way as do his parents. For example, to assume that a 4-year-old child has an internalized sense of moral standards is unrealistic. The 4-year-old behavior that parents would consider immoral is not motivated by immoral intention.

Development of Understanding of Reproduction

Anne Bernstein has addressed the specific issue of how a child is able to understand reproduction. She asked over 100 children from fairly sophisticated and educated families, "How do people get babies?" Her research indicates there are six levels or stages of understanding, which she labeled with popular names: 1) the geographers, 2) the manufacturers, 3) the in-betweens, 4) the reporters, 5) the theoreticians, and 6) putting it all together. She agrees with Piaget that while children advance through these levels at different rates, they progress from level one through six in the same order without skipping any level. She cautions adults not to judge children's academic potential by their level of understanding because children develop at different rates.

Most of the parents of the children Bernstein studied felt they had already explained the birth process in a manner that their children could understand. Many were surprised by the extent of their children's distortions.

1: The Geographer. A 3-year-old child is egocentric. S/he believes that the baby s/he sees today always existed. Its entrance into a particular family is a matter of getting there. The child's understanding of how the baby got there depends on what information s/he already possesses. For example, a child who has been told that her baby sister was in her mother's uterus and came out of her vagina may be able to repeat that explanation. However, the child must guess how the baby got into the uterus. Maybe the baby was in another woman's body before it entered her mother's body. Maybe the parents bought the baby in a store; it always existed, it just wasn't in their family yet.

2: The Manufacturer. Children progress to a belief that babies are manufactured much the way their toys are made. A body has pieces -- heart, legs, nose -- which must have existed before and have been put together to form a child. That s/he has never seen a baby put together is irrelevant. The child, still egocentric, extrapolates from what s/he has already experienced. Some children who understand the eating/elimination process may use this notion to explain reproduction. Bernstein found that even those children who had been told about the role of daddy's seed and mommy's egg perceived reproduction as a manual process; they believed that mommy and daddy put the seed and the egg together with their hands.

3: The In-betweens. Bernstein reports a transitional period somewhere between Piaget's preoperational and concrete operational stages. Children at this level incorporate what they have learned about physiology and technology, taking everything literally. They may think a baby first grows one leg and one arm or view sperm as having a mouth. If they learn that reproduction occurs when two people love each other and are married, then they consider it impossible for a baby to be made outside of love and marriage. "Level-three children may know that three major ingredients go into making babies: social relationships such as love and marriage; sexual intercourse; and the union of sperm and ovum. However, their ability to combine these factors into a coherent whole is limited" (Bernstein, 1978).

4: The Reporters. The child gradually recognizes that his/her version of reproduction is inaccurate and may admit that s/he doesn't really understand. At approximately 8-10 years, children become able to give a primarily physiological explanation of reproduction. Depending on what information is provided, they may not understand the mechanics of sexual intercourse, the contribution of both the

male and the female, the growth of the fetus inside the mother, and the birth of the fully developed baby. However, the specific meaning of sperm permeating an ovum and of genetics is still beyond this child's intellectual reach. Bernstein reported that children at this level expressed some embarrassment about the question "How do we get babies?"

5: The Theoreticians. Next, a child comes to understand that both a sperm and ovum are necessary for conception. However, s/he is more likely to think this union begins the growth of a miniature person that preexisted in the sperm or ovum. "Unlike the 3 and 4 year olds who believe babies come preformed, Stage 5 children embed this notion in a complex theory of causation" (Bernstein, 1976). It is still difficult to grasp that something that didn't exist before can come into existence.

6: Putting It All Together. By the time children reach puberty, many are capable of a fairly complete understanding of reproduction. They can now understand 1) conception as the origin of someone new who did not exist before; 2) the genetic contribution of both the father and mother; 3) development from embryo to baby; 4) male/female social and sexual relationships; 5) the role of love, physical pleasure, marriage, and the family, and 6) the possibility of conception and birth occurring outside of marriage.

The last three stages are differentiated by the level of understanding of conception. While children in all three stages understand the physical nature of reproduction, they provide different explanations for how it happens. Whether people progress to the final stages depends in large part on how much information they have received. Many adults are still at the fourth level. The miracle of conception, genetic composition, and cell division is indeed difficult for the average person to fully grasp.

Discussion

The theorists discussed in this chapter believe that there are essentially two major lessons children need to learn in early childhood: 1) how and why males and females are different; and 2) where babies come from. Of course, many auxiliary issues stem from these core issues.

During the first 5 years of life, children develop a concept of their sexual identities. Much of this process is influenced by their identification with their parents. Parents teach their children about their gender through the behaviors they model, the information they provide, and the attitudes they express.

The spontaneous reaction of both boys and girls when they notice naked bodies is that boys have a penis and girls do not. If not explained otherwise, most children assume that the girl has been castrated or her penis has not yet grown. Without education, children are ignorant of the actual details of female anatomy. "...Certainly every child knows that having something is preferable to not having it..." (Gadpaille, 1975). Girls, then, need to learn the complexity and uniqueness of their bodies. The child who thinks concretely about haves and have nots needs to be told that girls have a vulva, vagina, and clitoris. Such sexuality education can promote girls' positive gender identification and relieve boys' fears.

Most children notice pregnancy, request additional information about where babies come from, and then draw logical conclusions from the information they

already possess. For example, many children believe babies grow in a woman's stomach, that she became pregnant from eating something, and that her belly may pop. These misunderstandings contribute to confusion and fear. Not giving a child honest answers promotes myths and can contribute to pathology.

Because very young children do not have an internalized sense of guilt, the early years lend themselves to handling the thorny issues of sexuality. Parents who postpone instruction and deliver "the talk" to their child during puberty often have trouble disguising their discomfort. An 11-year-old child may perceive his/her parents' discomfort and associate shame and guilt with the topic being discussed. On the other hand, if parents can begin educating their children about sexuality when they are young, the parents can lay a strong foundation for the child to:

- 1) develop positive body image;
- 2) discuss sexuality comfortably;
- 3) anticipate the physical and psychological changes of puberty;
- 4) become aware of parental values; and
- 5) develop increased capacity for positive interpersonal relationships.

Clearly, sexuality education in the home is a broader task than just teaching the facts. It requires educating the child "for fulfillment of his sexual role, to give optimum satisfaction in being a boy or a girl," and developing ties to parents that are "strong enough and tender enough to ensure the possibility of a rich love life, yet not so strong or so all-consuming as to prevent the child from later forming new love attachments in mature love and marriage" (Fraiberg, 1959).

Educating children about sexuality is a mammoth undertaking. Freud referred to it as the first of the great problems of life. Therefore, the person providing sexuality education needs to be uniquely skilled. S/he needs to be able to understand how and why a child feels, behaves, and thinks. S/he needs to understand the following principles:

- The child's first experience with love is in the parent/child relationship. It is the most influential and important relationship for every developing child.
- Children are sexual beings from birth through death. Their expression of sexual interest or feelings varies with each stage of development.
- Young children cannot grasp abstract concepts. Parents need to translate the information, attitudes, and values they wish to convey to their child into the logic of their child.
- Children ask questions of those they trust. Responses about sexual information, attitudes, and values need to be truthful.
- A child's misconception may be harmless and later outgrown. For example, the child who believes that a baby develops in the mother's stomach may see that as a nice, comfortable arrangement. Or the misconception may cause him/her pain and confusion; another child with the same belief may become fearful of eating.
- Children learn from touch, nonverbal behavior, inflection, and tone of voice. Receiving all the facts is not sufficient for healthy psychological development. The child also needs loving touching and a relaxed, accepting atmosphere.

We have drawn from these principles in a number of ways in this project. First, they affirm the important interplay between children and their parents, especially the need for parents to recognize the conscious and unconscious ways they teach their children and the ways children learn.

Second, these findings guided our program development. Regardless of one's theoretical orientation, it is generally agreed that parents of different aged children face quite different tasks, concerns, and responsibilities in their roles as sexuality educators. This understanding is reflected in our decision to offer programs to parents of children of similar ages and to include a unit in the curriculum on sexual development in childhood.

Finally, whether or not facilitators choose to present the actual theories or findings, they can draw on the information throughout a course. When teaching parents of young children, for example, the facilitator can help parents understand that the behavior that concerns them does not carry the same meaning for the child that it would for an adult. When teaching any group, the facilitator can convey to parents the reasons for and importance of continual sexuality education throughout childhood.

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